

P04000102586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

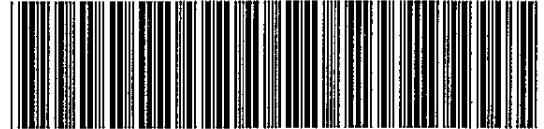
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 JUL -7 PM 3:33  
TALLAHASSEE, FLORIDA

TH 7/9/04

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Central Florida Masonry Contractors, Inc.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Catina L. Skipper

Name (Printed or typed)

1529 Old Combee Rd.

Address

Lakeland, FL 33805

City, State & Zip

863-683-1115

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**Central Florida Masonry Contractors, Inc.**

P.O. Box 91324, Lakeland, FL 33804-1324

Ph./Fax (863)683-1115

June 24, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document Number P02000063111

To whom it may concern:

I have no intentions of reinstating this corporation. I am requesting to re-file my Articles of Incorporation, which is enclosed with the \$70.00 fee.

Thank you.

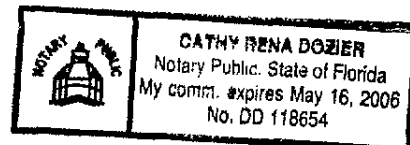


Catina L. Skipper  
Secretary

State of Florida  
County of Polk

Sworn to and subscribed before me this 25<sup>th</sup> day of June, 2004, by  
Catina L. Skipper. Personally known to me \_\_\_\_\_ or produced identification  
☒ Type of identification produced PDL S60112735940

Notary signature Cathy Rena Dozier  
My commission expires May 16, 2006



## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

04 JUL -7 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

CENTRAL FLORIDA MASONRY CONTRACTORS, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1529 OLD COMBEE RD. LAKELAND, FL 33805

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

### ARTICLE IV SHARES

The number of shares of stock is:

2

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

RONNIE J. SKIPPER, 1529 OLD COMBEE RD., LAKELAND, FL 33805 - PRESIDENT

CATINA L. SKIPPER, 1529 OLD COMBEE RD., LAKELAND, FL 33805 - SECRETARY, TREASURER

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CATINA L. SKIPPER  
1529 OLD COMBEE RD.  
LAKELAND, FL 33805

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CATINA L. SKIPPER  
1529 OLD COMBEE RD.  
LAKELAND, FL 33805

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
JUNE 24, 2004

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
JUNE 24, 2004

\_\_\_\_\_  
Date