05-06-1999 90005 004 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#	P28481
1. Comoration Name		

G-A MASONRY CORP.

Mailing Address				
7014 HUGHES AVE. CRESTWOOD KY 40014				

7014 HUGHES AVE. 7014 HUGHES AVE. CRESTWOOD KY 40014 CRESTWOOD KY 40014				DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed 03/13/1990				
2. Principal Place of Business	2a. Mailing Address			4. FEt Number Applied I	For			
21	26			14-1542493 Not Appl	icable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Requi				
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May E Added to Fee				
Zip Country <b>25</b>	Zip Co	ountry		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes XNo.	)			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 82 83	Name Street Addre	ess (P.O. Box Number is Not Acceptable)				
		84	City	FL 85 Zip Code				
<ol> <li>Pursuant to the provisions of Sections 607, office or registered agent, or both, in the St agent. I am familiar with, and accept the ob</li> </ol>	ate of Florida. Such change was authorize	ed by ti	-named corpo he corporatio	oration submits this statement for the purpose of changing its regist on's board of directors. I hereby accept the appointment as registers	ered ed			

agent. I a	m familiar with, and accept the obligations of, Section 6	07.0505, Florid	a Statutes.	Siddon's Dodicion	J. 1001010. 1710	, 0000	p. a.a appor		,
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	/NOTE: P	ogistered Agent signature n	equired when reinstation			DATE		
12.	OFFICERS AND DIRECTORS	(NOTE: N	13.			ES TO OF		ID DIRECTOR	RS IN 12
TITLE		DELETE	1.1 TITLE	VP				Change	Addition
NAME	BEELER, VICTOR S.		1.2 NAME	GEORGE .	PATRI	cK			• •
STREET ADDRESS	1510 OAKMONT DRIVE		1,3 STREET ADDRESS	435 WOOL	HINW	ST.	SOUT	+(	
CITY-ST-ZIP	JEFFERSONVILLE IN		1.4 CITY-ST-ZIP	BRESLAU,					
TITLE		DELETE	2.1 TITLE					Change	Addition
NAME	TABNER, JOHN		2.2 NAME						
STREET ADDRESS	26 COMPUTER DR. W.		2.3 STREET ADDRESS						
CITY-ST-ZIP	ALBANY NY		2. 4 CITY-ST-ZIP						
TITLE	P	] DELETE	3.1 TITLE					☐ Change	Addition
NAME	GEORGE, EUGENE		3.2 NAME						
STREET ADDRESS	425 WOOLWICH ST SOUTH		3.3 STREET ADDRESS						
C(TY-ST-ZIP	BRESLAU ON		3.4. CITY-ST-ZIP						
TITLE		DELETE	4.1 TITLE					Change	☐ Addition
NAME			4, 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 C/TY-ST-ZIP						
TITLE		DELETE	5.1 TITLE					Change	☐ Addition
NAME )			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP	are the second of the second o		6.4 CITY-ST-ZIP	1 to Continue 110 03	TOUR FLORA	2/ / /		er an an to	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informationated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

ING OFFICER OR DIRECTOR