

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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95 APR 28 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mattam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000064007 (6)**  
1. Corporation Name  
**LANCE GREEN MASONRY, INC.**

Principal Place of Business: 21 OAK LOOP  
OCALA FL 34472

Mailing Address: 21 OAK LOOP  
OCALA FL 34472-0212  
US

2. Principal Place of Business: 21  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Mailing Address: 26  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Incorporated or Qualified: 09/08/1993  
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3203055  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**GALEN, LANCE G  
21 OAK LOOP  
OCALA FL 34472**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature (typed or printed name of registered agent and filed if applicable) (PRINT) Registered Agent signature required when appointing

12. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	GREEN, LANCE G
STREET ADDRESS	21 OAK LOOP
CITY, ST, ZIP	OCALA FL 34472
TITLE	DST
NAME	GREEN, DIANE M
STREET ADDRESS	21 OAK LOOP
CITY, ST, ZIP	OCALA FL 34472
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information stated 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.

SIGNATURE: *Lance G Green* LANCE G GREEN 4/10/95 687-1261  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (PRINT) (Typed Name)