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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000073431 (7)

YATES MASONRY SERVICES OF FLORIDA, INC.

FILED May 02 1997 8:00am Secretary of State

Principal Pla	ice of Business ON LAKE ROAD	Mailing .		ND					111 1111 111	
							 Date Incorporated or Qualified 10/22/1993 		te of Last F 8/1996	Report
· ·	Place of Business	 	2a. Mailing Address				4. FEI Number			pplied For
Suite, Apt	t # etc	26 Suite	, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	59-3206217			ot Applicable Additional
22	. 11, 515.	 	27				5. Certificate of Status Desired			equired
City & Sta	ate		& State				6. Election Campaign Financing		\$5.00	May Be
23		28		r			Trust Fund Contribution			to Fees
Zip	Country	Zip 29		30	intry		8. This corporation has liability for in Florida Statutes	ntangible I Yes - [-	s. 199.032,
24	25 9. Name and Address of Co		Agent	30	<u> </u>		10. Name and Address of New Reg			
YAT	TES, JAMES N SR				81	Name				
	01 CARLTON LAKE ROAD				82	Street Add	dress (P.O. Box Number is Not Acceptable	(e)		n ¹⁴ ·
BAL	LM FL									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
\				İ	63					
				İ	84	City		FL	85 Zip	Code
11 Pursuan	at to the provisions of Sections 607	7 0502 and 607 15	08 Florida Statut	es the al	how	a-named co	rooration submits this statement for the o		changing '	its registered
office or	r registered agent, or both, in the tame familiar with, and accept the company of	State of Florida. Su	ich change was a	suthorize	d by	the corpor	rporation submits this statement for the pa ation's board of directors. I hereby accep	t the app	ointment as	s registered
		obligations or, oeci	1011 007.0303, 110	Jilua Sibi	i di loc	> .				
SIGNATURE	Signature, typed or printed name of register				d Age	int signature req	uired when reinstating)	DATE		
12.		S AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D YATES, JAMES N		☐ DELETE	1.1 Ti		{			Change	Addition
NAME STREET ADDRESS	ARANA MADITANI LAUF DA	ΠΔ		1.2 N		ADDRESS				
CITY-ST-ZIP	BALM FL	,,,,		1		T-ZIP				
TIFLE			DELETE	2.1 Ti		<u>''''</u>			Change	Addition
NAME				2.2 N	AME					
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TITLE			DELETE	3 1 TI					Change	Addition
NAME				3.2 N	AME	[
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NAME				4.24		1000000				
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NAME			transf	5.2 N						
STHEET ADDRESS	s					ADDRESS				
CITY - S1 - ZiF						IT-ZIP				
TILLE			DELETE	6.1 To					Change	Addition
NAME				6.2 N	AME	[
STREET ADDRESS	5			6.3 \$	TREET	ADDRESS				
CITY-ST-ZIP						ST-ZIP				
		and the state of the		()	****		od in Section 119 07(3)(i) Florida Statutes	. 1 6 miles	and f. the	t the

14. I do 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 information indicated 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.

SIGNATURE

SANGULAN STATE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/28/97 (813) 677-89/1 Daywine Prices 8 0529085