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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000073878

BRAZEL MASONARY, INC.

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90007 045 ***150.00



Principal Place of Business		Mailing Address							
8700 HOLLINGSWORTH		8700 HOLLINGSWORTH			·		Κ.		
PENSACOLA FL 32534		PENSACOLA FL 32534			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						09/27/1993			
2 Principal Di	lace of Business	2a. Mailing Address	•			4. FEI Number		Ap	plied For
	ace of business	26	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			59-3222965		No.	t Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.						\$8.75	Additional
22	,,, 5.5.	27	7			5. Certifcate of Status Desired		Fee Re	equired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	i]			Trust Fund Contribution			to Fees
Zip Country		Zip	Zip Country		•	8. This corporation owes the curre	ent year Int	angible	
24	25 29					Personal Property Tax.		Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New R	egistered	Agent	
			8	11	Name				
BRAZEL, MIKE D			8	82 Street Address (P.O. Box Number is Not Acceptable)					
	HOLLINGSWORTH		oli cot Add			e galery (to great a constitution of the const		2002 10 15	2000 BB 2 25 55
PENS	SACOLA FL 32534		83					화학 내 남	
*2	· .			34	City	***************************************	1 1 1 3 1	85 Zip	Code
					Ť		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									
office or n	egistered agent, or both, in the State of the state of the state of the obligation o	of Florida. Such change was auti tions of, Section 607.0505, Florid	norizea b Ia Statute	oy u es.	ne corporatio	on a board of directors. Thereby accep	t tile appoi	muncin as ic	
=	· ·	*,							
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: R	egistered Ag	gent	signature required	f when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS A		
TITLE	ST	☐ DELETE	1.1 TITLE	Ε				☐ Change	☐ Addition
NAME	Brazel, Mike D		1.2 NAME	E					
STREET ADDRESS	8700 HOLLINGSWORTH		1.3 STRE	EET/	ADDRESS			•	i
CITY-ST-ZIP	PENSACOLA FL 32534		1.4 CITY	·ST-	-ZIP				
TITLE	VD	☐ DELETE	2.1 TITLE	E				Change	Addition
NAME	ADAMS, DANIEL		2.2 NAMI	E					
STREET ADDRESS	1801, E. JOHNSON AVENUE		2.3 STRE	EET /	ADDRESS	•			
CITY-ST-ZIP	PENSACOLA FL 32514	10.5 14 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2. 4 CITY	Y-ST	r-ZIP				
TITLE /1/17.	2 Ox - 2 32 Ox 3	☐ DELETE	3.1 TITLE	E				Change	Addition
NAME (Lighting at All Company Amonths and after all 187		3.2 NAMI	Œ		•			ļ
STREET ADDRESS	(1940) Sir Adi (1970) Ministra		3.3 STRE	EET /	ADDRESS		. :	5.75 (A.)	118777
CITY-ST-ZIP	ACA TANK I WAS A STATE OF THE S		3.4. CITY	Y-ST	-ZIP	<u> </u>	1. 7. 1. 1. 1. 1	3 1/1	4. 4.
TITLE	4 S	☐ DELETE	4.1 TITLE	E				Change	Addition
NAME .			4. 2 NAM	Æ					
STREET ADDRESS	•	***	4.3 STRE	EET.	ADDRESS				
CITY-ST-ZIP			4.4 CITY	∕∙ST∙	-2IP				<u> </u>
TITLE	-	☐ DELETE	5.1 TITLE	E				☐ Change	☐ Addition
NAME	,	•	5.2 NAM	Œ					
STREET ADDRESS	2.		5.3 STRE	EET.	ADDRESS				
CITY-ST-ZIP	Ş.	_	5.4 CITY	/-ST	-ZIP				
TITLE	FRACTION TO	☐ DELETE	6.1 TITLE	E				☐ Change	Addition
NAME	8709 HG - 81, Ex data		6.2 NAM	Æ					{
STREET ADDRESS	PEAGE CLASS TO No.		6.3 STRE	EET.	ADDRESS				İ
	L type		1						

14. 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 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, on an attact from the true and accurate the empowered.