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

PROFIT• CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Niyrtham

Secretary of tate
DIVISION OF CORFORATIONS

1996

P93000079468 (3) DOCUMENT # 1. Corporation Name

D & C MASONRY, INC.

| Principal Place   | ex ave.   | Mailing Address<br>4382 SUSSEX AVE.<br>LAKE WORTH FL 3346 | <del></del>          |                   |  |                                       |
|---|---|---|----------------------|-------------------|--|---------------------------------------|
|   |   |   |                      |                   | <ol> <li>Date Incorporated or Qualified</li> <li>11/12/1993</li> </ol> | 3a. Date of Last Report<br>03/01/1995 |
| 1   | pal Place of Business 28. Mailing Address   |   |                      |                   | 4. FEI Number  | Applied For                           |
| 21 2719   | D. New York St.   26 2719 New York   Suite, April #, etc.   Suite, April #, etc.  |   |                      |                   | 65-0454454   | Not Applicable                        |
| 22  | 27  |   |                      |                   | 5. Certificate of Status Desired                                       | \$8.75 Additional Fee Required        |
| City & Stat   |   |   |                      |                   | 6. Election Campaign Financing   | \$5.00 May Be                         |
| <sup>23</sup> West I  | West Palm Beach, FL 28 West Palm Beach 27 Palm Beach Palm Beach 28 Palm |   |                      | FL 334            | Trust Fund Contribution  | Added to Fees                         |
| <sup>24</sup> 33406   | 25 US   | 29 33406  | 30 Co                |                   |  |                                       |
| -1.33400  | 9. Name and Address of Curren   | Registered Agent  | _[30]                | US                | Florida Statutes X Yes  10. Name and Address of New I                  | S No                                  |
|   |   | **************************************                    |                      | 81 Name           |  | negistereo Agent                      |
| MCGRINN, DAVID 4382 SUSSEX AVE. LAKE WORTH FL 33461   |   |   |                      | 83 271            | McGrinn David Address (1907) Box Number is Not Accepta 9 New York St.  |                                       |
| 44 Decement   | to the control of D. L. COT OF OF   |   |                      | We                | st Palm Beach,   | FL 85 Zip Code 33406                  |
| 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  SIGNATURE  Signature, byind or printed amounting Start and the It applicable.  INOTE: Registered Agent signature required when resistance.  OATE |   |   |                      |                   |  |                                       |
| 12.   | OFFICERS AND  |   | Er Registeren<br>13, | ! Agent signature | ADDITIONS (CLANIOF C. TO OF  | OATE TICERS AND DIRECTORS IN 12       |
| TITLE   | D   | DELETE  | 1, 17                | ITLE              |  | Change Addition                       |
| NAME.   | MCGRINN, DAVID  |   | 1.2 N                | AME               | D<br>Wedniss David   | Change Addition  33406                |
| STREET ADORESS  | 4302 SUSSEX AVE.  |   | 1.3 \$3              | TREET ADDRESS     | McGrinn, David<br>2719 New York St.                                    | 8                                     |
| CHY-ST-ZIP  | LAKE WORTH FL 33461   |   | 1.4 CI               | Y-\$1-7P          | West Palm Beach, FL.   | 33406                                 |
| TITLE   | D   | [] DELETE   | 2 1 1                | NLE               |  | Change Addition                       |
| NAME  | LEATHERMAN, CHARLES   | 11  | 2.2 N                | AME               |  |                                       |
| STREET ADDRESS  | 202 SUNRISE AVE.  |   |                      | IREET ADDRESS     |  |                                       |
| CHTY-ST-ZIF   | LANTANA FL 33462  | [ ] DELETE  | 24 CI<br>3 1 TI      | TY-ST-ZIP         |  | PT Observed Programme                 |
| NAME  |   | <u></u> ] been n  | 3 1 11<br>3 2 N/     |                   |  | Change Addition                       |
| STREET ADDRESS  |   |   |                      | TREET ADDRESS     |  | !                                     |
| CITY - S1 - ZIF   |   |   |                      | TY-ST-ZIP         |  |                                       |
| TITLE   |   | ☐ DETELE  | 4 1 7                |                   |  | Change Addition                       |
| NAME  |   |   | 4.2 NA               | ME                |  |                                       |
| STREET ADDRESS  |   |   | 4.3 ST               | REET ADDRESS      | 3000010  | 22000                                 |
| CITY-ST-ZIP   | **************************************  | ***************************************                   | 4.4 CC               | TY - ST - ZIP     | 30000183<br>-05/22/96010   | 2-2100 3<br>117042                    |
| TITLE   |   | DELETE  | 5. 1 TI              | 11.6              | ***200.00  | Change Addition                       |
| NAME  |   |   | 5.2 NA               | ME ,              |  |                                       |
| STREET ADDRESS  |   |   | 5351                 | HEET ADDRESS      |  |                                       |
| C/TY-ST-ZIP   |   | P   |                      | Y-\$1-ZP          |  |                                       |
| THLE  |   | DELETE  | 6. 1 TI              | TLE               |  | Change Addition                       |

6.4 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)(k). 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 enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changer, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytinie Phone #