

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER A. MOHR
GOVERNOR

APPROVED
AND
FILED

MAY 1 1996

DOCUMENT # P93000084463 (7)

ACTION MASONRY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address		2a. Mailing Address	
27520 VIRGIL HAWKINS CIRCLE OKAHUMPKA FL 34762		P.O. BOX 341 OKAHUMPKA FL 34762	
3. Date incorporated (if 2 address)		3a. Date of Last Report	
11/24/1993		06/01/1994	
4. FEI Number		Applied For Not Applicable	
59-3222521			
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
7. This corporation is exempt from the provisions of Section 192.02, Florida Statutes		☒ Yes ☐ No	
21. State of Incorporation	26. Mailing Address	22. State of Principal Office	27. State of Principal Office
23. City & State	28. City & State	24. City & State	30. City & State

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SEWELL, STEPHEN G 907 WEBSTER STREET LEESBURG FL 34748		B1. Name B2. Street Address (P.O. Box Number is Not Applicable) B3. B4. City FL B5. Zip Code	

11. Pursuant to the provisions of Sections 192.01 and 192.02, 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, the undersigned, accept the appointment as registered agent. I am hereby accepting the obligations of Section 192.02(4), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D SMITH, WILLIAM K P.O. BOX 341 N/A OKAHUMPKA FL 34762	1. NAME	☐ Change ☐ Addition
NAME	D MCNISH, ESTELL JR P.O. BOX 195 N/A OKAHUMPKA FL 34762	2. NAME	☐ Change ☐ Addition
NAME		3. NAME	☐ Change ☐ Addition
NAME		4. NAME	☐ Change ☐ Addition
NAME		5. NAME	☐ Change ☐ Addition
NAME		6. NAME	☐ Change ☐ Addition
NAME		7. NAME	☐ Change ☐ Addition
NAME		8. NAME	☐ Change ☐ Addition
NAME		9. NAME	☐ Change ☐ Addition
NAME		10. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 192.01 and 192.02, Florida Statutes. I further certify that the information supplied with this filing is true and correct and that my signature shall be a true and correct signature. I am hereby accepting the obligations of Section 192.02(4), Florida Statutes.

SIGNATURE: *William K. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR