FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **P94000001343 (0)**

1. Corporation Name

H & R MASONRY & CONCRETE, INC.

Principal Place of Business	Mailing Address
1060 WHISTLING WINDS POINT OVIEDO FL 32765	P.O. BOX 430 OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **12/29/1993**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3215408** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.052, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLS, BARBARA B
1060 WHISTLING WINDS POINT
OVIEDO FL 32765

10. Name and Address of New Registered Agent

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

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: Barbara B. Mills Barbara B. Mills Sec/Treas 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ Change ☐ Addition
NAME	MILLS, GEORGE H III	
STREET ADDRESS	1060 WHISTLING WINDS POINT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	ST	☐ Change ☐ Addition
NAME	MILLS, BARBARA B	
STREET ADDRESS	1060 WHISTLING WINDS POINT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	V	☐ Change ☐ Addition
NAME	DAVIDSON, DEXTER R.	
STREET ADDRESS	13820 FOX MEADOW DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 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: Barbara B. Mills Barbara B. Mills Sec/Treas. 4/28/95 (407) 836-3568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0418300 FP