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

**PROFIT** CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P9400001343 (0) DOCUMENT #

H & R MASONRY & CONCRETE, INC.

Mailing Address Principal Place of Business 1000 WHISTLING WINDS POINT 1060 WHISTLING WINDS PT OVIEDO FL 32765 OVIEDO FL 32765 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/29/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3215408 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 28 Žip Country Country 8. This corporation owes or has paid the current year Intangible X Yes 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILLS, BARBARA B 1060 WHISTLING WINDS POINT 82 Street Address (P.O. Box Number is Not Acceptable) **OVIEDO FL 32765** 83 84 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes ree Barbara B. M 98 SIGNATUR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. □ DELETE Change \_\_\_ Addition TITLE 1.1 10116 MILLS. GEORGE H III NAME 1.2 NAME 1060 WHISTLING WINDS POINT STREET ADDRESS 1.3 STREET ADDIRESS **OVIEDO FL 32765** City-St-ZiF 1.4 CITY-ST-ZIP DELETE Ŝī 2.1 TITLE Change Addition TITLE MILLS. BARBARA B NAME 2.2 NAME 1060 WHISTLING WINDS POINT STREET ADDRESS 2.3 STREET ADDRESS **OVIEDO FL 32765** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELFTE ☐ Change Addition TITLE 3.1 TITLE DAVIDSON, DEXTER R. NAME 3.2 NAME 13820 FOX MEADOW DR STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 34. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME

CITY-ST-ZIP 14. Thereby 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 supplicmental 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

4 3 STREET ADDRESS 4.4 CITY - ST - ZIP

5 3 STREET ADDRESS

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Addition

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**FILED** 

Apr 13 1998 8:00am

Secretary of State