

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:08

DOCUMENT # P94000023557

1. Corporation Name

MANGAN MASONRY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001482614
-05/10/95--01062--012
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
8263 - 124th TERRACE NORTH 8263 - 124th TERRACE NORTH
LARGO, FL 34643 LARGO, FL 34643

3. Date Incorporated or Qualified 3/23/94 3a. Date of Last Report N/A

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3233345 Applied For Not Applicable

21 8263 - 124th TERRACE NORTH 26 8263 - 124th TERRACE NORTH 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 State Apt # etc 27 State Apt # etc 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 LARGO, FL 28 LARGO, FL 7. This corporation has liability for intangible tax under § 100.002, Florida Statutes Yes No

24 34643 25 USA 29 34643 30 USA 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

THOMAS MANGAN
8263 - 124th TERRACE NORTH
LARGO, FL 34643

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

THOMAS MANGAN, PRESIDENT

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS MANGAN	1.2 NAME	
STREET ADDRESS	8263 - 124th TERRACE NORTH	1.3 STREET ADDRESS	
CITY, ST, ZIP	LARGO, FL 34643	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.021(4)(a), 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 this corporation or the manager 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 of this report or on an addendum with an address.

SIGNATURE:

Thomas Mangan

THOMAS MANGAN

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

813-530-5554