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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000027234 (1)

RP MASONRY, INC.									
Principal Plac	e of Business	Mailing Address					<b>                                    </b>		<b>41111111</b>
SO20 INDIAN M	iouno-st	SO20 INDIAN MOUND ST							
•	goreak or	P.O. BOK	7895			· · · · · · · · · · · · · · · · · · ·			
S	Schlope, 1- 31232		Scrasota Promo		3.	Date Incorporated or Qualified 04/07/1994	3a. Date of Last Fleport 02/19/1996		
		26. White Terrs				4. FEI Number			plied For
21 34	1 Tene Dr.	26 P.O. BO	K789	· 76		69-0484082			1 Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	in part	1 3	-	Certificate of Status Desired	_ \$8		dditional
22		27			5.	Certificate of Status Desired		Fee Rec	quired
City & Stat	Sarasota fi 28 5000			τ.	6.	Election Campaign Financing	L	5.00	•
		Zip	Countr			Trust Fund Contribution  This corporation has liability for		Added to	
Zip 3 4 2	32 25 Surasota	29 34278		was	te,"		Yes No		199.032,
	9. Name and Address of Current	Registered Agent				Name and Address of New Re	gistered Agen		
PEACHEY, ROSS 8									
5020 INDIAN MOUND ST				Street Add	dress (f	O. Box Number is Not Accepta	ole)		
SAR	ASOTA FL 34232		83						
			0.0	'[					
			84	City			FL 85	Zip C	ode
11. Pursuant	des, the abov	e-named cor	rporatio	n submits this statement for the p		L Iging its	s registered		
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									
	Signature, typed or printed name of registered agent		1E Flogistered Ag	ent signature requ			DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			S IN 12 Addition
TITLE	D PEACHEY, ROSS	D DELETE	1.1 TATLE	r		icus mu Net		nange	L.J Addition
NAME STREET ADDRESS	5020 INDIAN MOUND ST		1.2 NAME	T ADDOLOG		asurcr	_		ļ
CITY-ST-ZIP	SARASOTA FL 34232		1.3 STREET ADDRESS 14 CITY-ST-ZIP		8 Pompano a	νε .3√2>3	u		
TITLE	ocraid Lam	WOLL BE	21 TITLE	51-211		WWW.		Change	Addition
NAME			2.2 NAME					•	
STREET ADDRESS	BTREET ADDRESS 1808 POM Pano Avenue			1 ADDRESS					
CITY-ST-ZIP	Swasour F	1 34374	2. 4 CITY	S1-ZIP					
TITLE	Surasola F Vice presi	dent DELETE	3.1 TITLE				□ c	hange	☐ Addition
NAME		•	3 2 NAME	}					)
STREET ADDRESS			3.3 STREE	T ADDRESS					1
CITY-SY-Z#P		DELETE	3.4. C(TY	\$1-2IP	<u> </u>	44 O a = 1 = 4/		`hanan	Taditan.
TITLE NAME		O DETER	4.1 NILE	يز ا	ンショ	ce president	_	Change	Addition
STREET ADDRESS			4. 2 NAME	TADORESS	11.CL	Mand Goden 14 Galway Dr Nasota, no c			
CITY-ST-ZIP			4.3 STREE	S1. 7ID	94	A CONTENTE	/ ビン37.		
TITLE		DELETE	51 HTLF	31-21	ىںد	rassi ji-		hange	Addition
NAME		•	5.2 NAME				•	-	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			5.4 CITY-						
TITLE		DELETE	6.1 TITLE				c	hange	Addition
NAME			62 NAME	}					
STREET ADDRESS			6.3 \$1RE6	t address					ľ
CITY-ST-ZIP		7.5	6.4 CITY-	ST-ZIP					

I do hereby certify that the information supplied with this filling 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 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.

**FILED** 

Apr 29 1997 8:00am

Secretary of State