

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 AM 10:10

DOCUMENT # P94000029516 (9)

1. Corporation Name

PHILIP E. FORSBERG III MASON CONTRACTOR, INC.

Principal Place of Business

12341 NORTH WEST 30TH STREET
SUNRISE FL 33323

Mailing Address

12341 NORTH WEST 30TH STREET
SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/15/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0486160

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. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FORSEBERG, PHILIP E III
12341 NORTH WEST 30TH STREET
SUNRISE FL 33323

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **VP**
NAME: **FORSEBERG, PHILIP E**
STREET ADDRESS: **12341 NORTH WEST 30TH STREET**
CITY - ST - ZIP: **SUNRISE FL 33323**

TITLE: **S**
NAME: **GONZALES, TONY**
STREET ADDRESS: **9424 NORTH WEST 19TH PLACE**
CITY - ST - ZIP: **SUNRISE FL 33322**

TITLE: **S**
NAME: **DOROTHY E FORSEBERG**
STREET ADDRESS: **12341 NW 30th St**
CITY - ST - ZIP: **SUNRISE FL 33323**

TITLE: **VS**
NAME: **MIKE MARTINI**
STREET ADDRESS: **THUNDER DR.**
CITY - ST - ZIP: **CORAL SPRINGS FL 33077**

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE **VP** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE **S** ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE **VS** ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 or changed or on any statement with an address.

SIGNATURE: *Phillips E Forsberg III*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Phillips E Forsberg III

03/28/95

305-746-8219