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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400036595 (4)

L & F MASONRY, INC.

SIGNATURE:

Principa: Place	e or Business	Mailing Address						
907 BUNKER VIEW DRIVE APOLLO BEACH FL 33572			907 BUNKER VIEW DRIVE APOLLO BEACH FL 33572-2813					
					3. Date Incorporated or Qualified 05/16/1994			
2. Principal Pl	lace of Business	2a. Mailing Address		*************	4. FEI Number	T	Applied For	
21		26			59-3249065	59-3249065 Not Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5 Cartificate of Status Desired	5. Certificate of Status Desired S8.75 Additional		
22	· · · · · · · · · · · · · · · · · · ·	27			S. Curinoute of Otatos Desireo	F	ee Required	
City & State	0	City & State			6. Election Campaign Financing		5.00 May Be	
3		28	<u> </u>		Trust Fund Contribution			
Zip	Country	Žφ	Country		8. This corporation has liability for i	8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30 9. Name and Address of Current Registered Agent		30	Florida Statutes Yes No				
000	:	······		1 Name	10. Name and Address of New He	Jistered Agent	 	
	RPORATION INFORMATION	I SERVICES INC.	ا	IVallie				
1201 HAYS ST.				82 Street Address (P.O. Box Number is Not Acceptable)				
TALI	LAHASSEE FL 32301		<u></u>					
			8	5				
			8	1 City		85	Zip Code	
	VIII. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u> </u>			`	
office or re agent. Lai	to the provisions of Sections 6i egistered agent, or both, in the m familiar with, and accept the	07.0502 and 607.1508, Florida State State of Florida Such change was cobligations of, Section 607.0505	utes, the abo s authorized t Florida Statut	ve-named by the cor es.	corporation submits this statement for the p poration's board of directors. I hereby accept	urpose of chang it the appointme	jing its registered int as registered	
SIGNATURE	Signature: typed or printed name of regist		OTE: Registered A	gent signature	e required when reinstating)	DATE	***************************************	
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	P	☐ DELETE	1.1 TITLE		NP/3/T	☐ Ci	ange Addition	
NAME	FISHER, LOUIS	_	1.2 NAME	·	DArlene Fisher Dr	ME		
STREET ADDRESS	907 BUNKERVIEW DRIVE		1.3 STRE	et address	das Bruker Alm mi			
CITY-ST-ZIP	APOLLO BEACH FL 335		1.4 DITY	ST-ZIP	Apollo Beach , FL 335	<u> </u>		
TITLE		☐ DELETE	21 TITLE		•	Ch	nange 🔲 Addition	
NAME			22 NAME					
STREET ADDRESS		23		2 3 STREET ADDRESS				
CITY - ST - ZIP			2 4 CITY	2 4 CITY-ST-ZIP				
TITLE	☐ DELETE 31		3 1 TITLE	TITLE C		nange 🔲 Addition		
NAME			3 2 NAME					
STREET ADDRESS			3.3 STRE	T ADDRESS				
CITY - ST - ZIP			3.4. CITY	-ST-ZIP				
THTLE	DELETE		4.1 TITLE	4.1 TITLE Cha		nange 🔲 Addition		
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	et address	1			
CITY-ST-ZIP			4.4 CiTY	ST-ZIP				
THLE	☐ DELETE		5.1 TITLE	5.1 TITLE Ch		ange Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
C:TY-ST-ZIP			5.4 CITY	ST-ZIP				
TITLE		☐ DELETE 6.1			☐ Change ☐ Ad		ange Addition	
NAME			6.2 NAM6					
STREET ADDRESS			6.3 STRE	T ADDRESS				
CITY - ST - ZIP			6.4 CITY					
14. I do heret	by certify that the information s	upplied with this filing does not qua	alify for the ex	emption s	stated in Section 119.07(3)(i), Florida Statutes	I further certif	y that the	
l am an of	fficer or director of the corpora	ort or supplemental annual report is ition or the receiver or trustee empo ged, or on an ally chment with an a	owered to exe	curate and cute this	d that my signature shall have the same lega report as required by Chapter 607, Florida S	effect as if mad latutes; and tha	de under oath; that I my name	

SIGNING OFFICER OR DIRECTOR