

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000056690 (8)

1. Corporation Name

MICHAEL R. MASON INC.



Principal Place of Business

1375 WHITACRE DR.
CLEARWATER FL 34624

Mailing Address

1375 WHITACRE DR.
CLEARWATER FL 34624

2. Principal Place of Business

21 2555 NURSERY RD

State, Apt. #, etc.
#104

23 CLEARWATER, FL

City, State
Zip Country
34624 PINELLAS

24 34624 25 PINELLAS

2a. Mailing Address

26 2555 NURSERY RD

State, Apt. #, etc.
#104

28 CLEARWATER, FL

City, State
Zip Country
34624 PINELLAS

29 34624 30 PINELLAS

3. Date Incorporated or Qualified

08/01/1994

3a. Date of Last Report

06/14/1995

4. FEI Number

59-3258920

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. 193.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MASON, MICHAEL R
1375 WHITACRE DR.
CLEARWATER FL 34624

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

Michael R. Mason PRES.

2/14/96

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME
MASON, MICHAEL R
1375 WHITACRE DR.
CLEARWATER FL 34624

1.2 TITLE

VP

1.3 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

VP ☐ Change ☒ Addition

ROBERT H. BLAU

4034 HUNTINGTON ST. NE

ST. PETERSBURG, FL 33703

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Michael R. Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

813/530-0570

CR2E034 (12/95)