PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400062958

Country

9. Name and Address of Current Registered Agent

CUSTOM MASONRY, INC.

Principal Place of Business 2541 SE HEMSING ST PORT ST LUCIE FL 34984

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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23

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Zip

Mailing Address

2541 SE HEMSING ST PORT ST LUCIE FL 34984

2a. Mailing Address

City & State

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28 Zip

29

Suite, Apt. #, etc.

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90123 011 ***150.00



3.	Date Incorporated or Qualifed	
-	08/23/1994	
4.	FEI Number	Applied For
	65-0515183	Not Applicat
- 5	Certifcate 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 owes the current year Inta Personal Property Tax.	ingible □ Yes No

TOOHEY, TERRY 2541 SE HEMSING ST PORT ST LUCIE FL 34984

10. Name and Address of New Registered Agent						
81	Name	_				
82	Street Address (P.O. Box Number is Not Acceptable)					
83						
84	City FI 8	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

Country

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agent. 1 a	m familiar with, and accept the obligations of, Section 607.0	505, Florida	Statutes.	ation's board of directors. Thereby accept the appointment as to	J
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature req	uired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
TITLE	P	ELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	TOOHEY, TERRY		1.2 NAME		
STREET ADDRESS	2541 SE HEMSING ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL		1.4 CITY-ST-ZIP		
TITLE		ELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	COOL, TOOD		2.2 NAME		
STREET ADDRESS	301 GRIMALDO TERR		2.3 STREET ADDRESS		
CfTY-ST-ZIP	PORT ST LUCIE FL		2. 4 CITY-ST-ZIP		
TITLE	T 🔀	ELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	DALEY, RICHARD		32 NAME		
STREET ADDRESS	THE RESERVE OF THE PROPERTY OF		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST.LUCIE FL		3.4. CITY-ST-ZIP		
TITLE	□ DI	ELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP		
TITLE	□ DI	ELETE	5.1 TITLE	. Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP .	er kontret to kontre		5.4 CITY-ST-ZIP		
TITLE		ELETE	6.1 TITLE	☐ Change	☐ Addition
NAME SOL	- 第一句記載で A 		6.2 NAME		
) STREET ADORESS	· · · · · · · · · · · · · · · · · · ·		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: