

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 25 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000080909 (2)**

1. Corporation Name

**TRANS-AMERICAN MASONRY, INC.**

Principal Place of Business

**4119 CRYSTAL LAKE DR., #C103  
POMPANO BEACH FL 33064**

Mailing Address

**4119 CRYSTAL LAKE DR., #C103  
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**11/02/1994**

3a. Date of Last Report

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

4. FBI Number

**65-0533287**

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

**23**

City & State

**28**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

**24**

Country

**25**

Zip

**29**

Country

**30**

7. This corporation has liability for intangible tax under C. 189.002,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FINEBERG, LIBO B  
3500 GATEWAY DRIVE  
SUITE 201  
POMPANO BEACH FL 33068**

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 file if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **ADAMS, LONNE**  
STREET ADDRESS **231 MARINE COURT, #2**  
CITY-ST-ZIP **LAUDERDALE-BY-THE-SEA FL 33308**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**DELETE**

TITLE **VSTD**  
NAME **HICKMAN, ROGER**  
STREET ADDRESS **4119 CRYSTAL LAKE DR., #C103**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

2.1 TITLE **PSTD** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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)(4), 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:

**ROGER L. HICKMAN, P9409 4-20-95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Block 13)

**505-565-1668**