


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

FILED  
Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000085048 (4)</b> 1. Corporation Name <b>C M MASONRY, INC.</b>			
Principal Place of Business <b>3065 N.E. 45TH ST. OCALA FL 34479</b>		Mailing Address <b>3065 N.E. 45TH ST. OCALA FL 34479-8801</b>	
2. Principal Place of Business 21 <b>3130 NE 49th St.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Ocala, FL</b> Zip 24 <b>34479</b> Country 25 <b>US</b>		2a. Mailing Address 26 <b>3130 NE 49th St.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ocala, FL</b> Zip 29 <b>34479</b> Country 30 <b>US</b>	
3. Date Incorporated or Qualified <b>11/17/1994</b>		3a. Date of Last Report <b>01/24/1996</b>	
4. FET Number <b>59-3279407</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent <b>MORRIS, CHARLES L 3065 N.E. 45TH ST. OCALA FL 34479</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>3130 NE 49th St.</b> 83 84 City <b>Ocala</b> FL 85 Zip Code <b>34479</b>	
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 the Approver) (NOTE: Registered Agent signature required when re-registering) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>President</b>
NAME	<b>MORRIS, CHARLES L</b>	1.2 NAME	<b>Charles L Morris</b>
STREET ADDRESS	<b>3065 N.E. 45TH STREET</b>	1.3 STREET ADDRESS	<b>3130 NE 49th St.</b>
CITY-ST-ZIP	<b>OCALA FL 34479</b>	1.4 CITY-ST-ZIP	<b>Ocala, FL 34479</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (9/96)