

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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000085048 (4)

1. Corporation Name
C M MASONRY, INC.

Principal Place of Business

Mailing Address

3130 NE 49 ST
OCALA FL 34479
US

3130 NE 49 ST
OCALA FL 34479
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. <i>Ocala</i>		26. <i>"</i>		11/17/1994	
22. <i>3130</i>		27. <i>"</i>		4. FEI Number	
23. <i>Ocala FL</i>		28. <i>"</i>		59-3279407	
24. <i>34479</i>		29. <i>"</i>		Applied For	
25. <i>"</i>		30. <i>"</i>		Not Applicable	
5. Certificate of Status Desired		6. Election Campaign Financing		8. This corporation owes or has paid the current year intangible	
<input type="checkbox"/>		<input type="checkbox"/>		Personal Property Tax due June 30.	
8.75 Additional Fee Required		5.00 May Be Added to Fees		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MORRIS, CHARLES L 3130 NE 49 ST OCALA FL 34479		81. Name <i>Charles Morris</i>	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		3130 NE 49 ST	
		83. City	
		Ocala	
		84. State	
		FL	
		85. Zip Code	
		34479	

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

Charles Morris

1-22-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		1.1 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
1.2 TITLE		1.2 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
1.3 TITLE		1.3 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
1.4 TITLE		1.4 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
1.5 TITLE		1.5 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
1.6 TITLE		1.6 TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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

SIGNATURE:

Charles Morris

1-22-98

CR2E034 (10/97)