

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000086756 (1)**

1. Corporation Name  
**C.S. WRENCH MASONRY, INC.**



Principal Place of Business: **365 NORTH BLVD. ST. AUGUSTINE FL 32095 US**  
Mailing Address: **P.O. BOX 3785 ST. AUGUSTINE FL 32085-3785**

3. Date Incorporated or Qualified: **11/30/1994**  
3a. Date of Last Report: **05/25/1995**  
4. FEI Number: **59-3281741**  
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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 2600 US 1 South Suite, Apt #, etc. 22 Suite #3 23 St. Augustine 24 32084 25 ~~ST~~ US 26 Suite, Apt #, etc. 27 City & State 28 29 30**

9. Name and Address of Current Registered Agent: **AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134**  
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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRENCH, CHARLES S</b>	1.2 NAME	
STREET ADDRESS	<b>13 MATTIE STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. AUGUSTINE FL 32085</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEFFRY S. MARTIN</b>	2.2 NAME	<b>Jeffry S. Martin</b>
STREET ADDRESS	<b>365 NORTH BLVD</b>	2.3 STREET ADDRESS	<b>6014 Costanero Rd.</b>
CITY - ST - ZIP	<b>ST. AUGUSTINE FL 32095</b>	2.4 CITY - ST - ZIP	<b>St. Augustine, FL 32084</b>
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDREW S. WRENCH</b>	3.2 NAME	
STREET ADDRESS	<b>104 11TH STREET APT A</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. AUGUSTINE BCH FL 32084</b>	3.4 CITY - ST - ZIP	
TITLE		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 S. Wrench*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96 904-823-0760  
(Date) (Telephone Prefix #)

CR2E034 (12/95)