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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500002716 (5)

ATLANTIC MASONRY, INC.

Principal Place of Business

Mailing Address

FILED Apr 25 1997 8:00am Secretary of State



WEST PALM B	re BEACH FL 33415	WEST PALM BEACH FL 334	15-3624		
9 Principal P	lace of Business	2a, Mailing Address		3. Date Incorporated or Qualified 01/09/1995 4. FEI Number	3a. Date of Last Report 05/01/1996
21/08	Santa Monica Ar	26 Same		65-0556995	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	A	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Koyal	Palm Beach FL Country	7ip	Country	Trust Fund Contribution	Added to Fees
213341	11 25 USA	-	o Country	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
	g. Name and Address of Current F		81 Name	10. Name and Address of New Reg	
RAINBOLT, TROY 708 DIXIE LANE WEST PALM BEACH FL 33415				Rain bolt Troy ddress (P.O. Box Number is Not Acceptant Santa Monica H	№ 85 Zip Code
11. Pursuant to the provisions of Soctions 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. Type Cain by the Cresident of the purpose of changing its registered agent and time if applicable to the provisions of Section 607.0505. Florida Statutes. SIGNATURE Signature. Type Cain by the Cresident of the purpose of changing its registered agent and time if applicable to the purpose of changing its registered agent of the purpose					
	Signature, typod or printed name of registered agent e	and title if applicable VIOTE	Registered Agent signature re	· · · · · · · · · · · · · · · · · · ·	DATE
12.	OFFICERS AND [DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	
NAME	RAINBOLT, TROY	L.J DELETE	1.1 TILLE 1.2 NAME		Change L Addition
STREET ADDRESS	708 DIXIE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33415		1.4 CITY - S1 - ZIP		
TITLE	VP	DELETE	2.1 TITLE		Change Addition
NAME	RAINBOLT, KEITH 708 DIXIE LANE		2.2 NAME		
STREET ADORESS CITY-ST-ZIP	WEST PALM BEACH FL 33415		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE	Trade Trade DE COLLEGE	☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		Ì
CITY-ST-ZIP			3.4. CITY-S1-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME Street address			4. 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		—	5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CFTY - ST - ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE1 ADDRESS		
CITY-ST-ZIP			6.4 C(1Y - S1 - Z(P		

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.