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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500007866 (3)

MASONRY CONNECTION INC.

FILED Jan 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address **ORANGE CITY FL 32763** ORANGE CITY FL 32763 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/25/1995</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3305880 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEVESQUE, ROLAND S JR. 1140 15TH ST. Street Address (P.O. Box Number is Not Acceptable) 82 ORANGE CITY FL 32763 83 84 City 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 title if applicable (NOTE. Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PVTS** DELETE 1.1 TITLE Change Addition TITLE LEVESQUE, ROLAND S. J 1.2 NAME CR2E034 1140 15TH ST. STREET ADDRESS 1.3 STREET ADDRESS ORANGE CITY FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition DCMT TITLE 2.1 TITLE LEVESQUE, ROLAND S. JR. 2.2 NAME NAME STREET ADDRESS 1140 15TH ST. 2.3 STREET ADDRESS **ORANGE CITY FL** CITY-ST-ZIP 2, 4 CITY-ST-ZIP DELETE Change ___ Addition TiTLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ☐ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change __ Addition TITI F 6.1 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 6.4 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 receives 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 attachneyt with an address.

SIGNATURE:

IL REQUIRED

1/16/98 904-7

904-775-1124