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FILED

May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000022915 (9)

1. Corporation Name

MINZEY'S SPECIALTY MASONRY, INC.

Principal Place of Business

1258 BALBOA COURT
MARCO ISLANDO FL 33937

Mailing Address

1258 BALBOA COURT
MARCO ISLANDO FL 34145-5008



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/15/1995

3a. Date of Last Report

04/15/1996

4. FEI Number

65-0564140

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

MINZEY, DORIS E
1258 BALBOA COURT
MARCO ISLANDO FL 33937

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MINZEY, KENNETH G
STREET ADDRESS 1258 BALBOA COURT
CITY-ST-ZIP MARCO ISLANDO FL 33937

☐ DELETE

TITLE SD
NAME MINZEY, DORIS E
STREET ADDRESS 1258 BALBOA COURT
CITY-ST-ZIP MARCO ISLANDO FL 33937

☐ DELETE

TITLE VPD
NAME MINZEY, THOMAS A
STREET ADDRESS 4810 BISCAYNE
CITY-ST-ZIP NAPLES FL 33962

☐ DELETE

TITLE TD
NAME MINZEY, KATHRYN M
STREET ADDRESS 4810 BISCAYNE
CITY-ST-ZIP NAPLES FL 33962

☐ DELETE

TITLE VPD
NAME MINZEY, ROBERT J
STREET ADDRESS 1400 ROSEMARY #1
CITY-ST-ZIP NAPLES FL 33940

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP MARCO Is. FL 34145

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME SAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP MARCO Is. FL 34145

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME SAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP NAPLES FL 34112

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME SAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP NAPLES, FL 34112

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]

4/13/97 (941)3947002

CR2E034 (9/96)