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

PROFIT CORPORATION ANNUAL REPORT

1997

CHY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 04 1997 8:00am

Secretary of State

- I MARKARIK DIR MURA TUKA BAKKA BAKKA PARIK RAHAR MIDAL BAKAL BAKA KANDA KANDA KANDA KANDA KANDA KANDA KANDA K

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000025523 (8)

TRIPLE MIMM MASONRY AND CONSTRUCTION, INC.

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Principal Place of Business Mailing Address								ł	. (\$\$)(\$\$)	MAIN MANS MAIN	. 48114 11441 41	in: Altib ild	164 1(1) (64)
1000 W PAR ST				1000 W PAR ST				1					
UNIT 2				UNIT 2				-					
ORLANDO FL 32804 ORLANDO FL 32804-3648						-			ate Incorporated	v Ouplified	3a. Date	of Last	Gonort 1
}) _		/ Qualified	1	9/1996	report
2 Principal P	laca of Huginesi		28	Mailing Address		·			4/01/1995 El Number		I VYICE		Applied For
2. Principal Place of Business				~ ~									ot Applicable
21 Suite Act # etc				Suite, Apt. #, etc.					A0 72				
Suite Apt. #, etc				'				5. Certificate of Status Desired Service Servi					
City & State				City & State									
				·—				6. Election Cempaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip Country				Zip Country									
24				¬ ' ¬ '			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No						
9. Name and Address of Current R			29 rrent Regis				10. Name and Address of New Registered Agent						
DVD						81	Name					17.11	
	D, WAYNE					L							
1000 W PAR ST				Ī			Street Add	dress (P.O. Box Number is Not Acceptable)					
UNI				83									
ORL	ANDO FL 328	/04				63							
						84	City	********			FL	85 Zip	Code
11. Pursuant	to the provision	s of Sections 607	0502 and 6	607 1508 Florida Stati	ites the a	hove	e-named cor	noration	submits this staten	ent for the n		hanging	its registered
office or r	egistored agent	i, or both, in the S	tate of Flor	607 1508, Florida Statu ida. Such change was	authorize	d b	the corpora	ation's bo	ard of directors. I I	ereby accer	ot the appoi	ntment a	s registered
1	ini ramaar with,	and accept the o	bligations c	of, Section 607.0505, F	iorida Sia	iore	\$.						ŀ
SIGNATURE	Complian base for p	rented name of registers	d named total tit.	out applicable (NC	TE Ponisler	od Acu	ent signature requ	ired when to	inelating)		DATE	•••	
12.	subjectific (Mayora)	OFFICERS			13.	ou ny	en eightiche rado		DITIONS/CHANG	S TO OFFIC		DIRECTO	RS IN 12
THUE	PS			☐ DELETE	117	ITLE						Change	
NAM!	BYRD, WAY	NE			1.2 M	IAME	- 1					_	
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DITY-ST-2IP ORLANDO FL 32804				1.4 CIT									
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STREET ADORESS	ł						ADDRESS						
CHY-SI-7-P							ST-ZIP						
THUE			*********	DELETE		IITLE	01-4IF			<u> </u>		Change	Addition
NAME	[•	NAME					•		
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NAME)						I ADDOCCO						
STREET ADDRESS							ADDRESS						
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TILE	}			DELETE		TITLE	}				L	Change	Addition
NAME					1	MAME	1						
STREET ADDRESS	I				6.33	STREET	T ANNRESS						

6.4 CITY - ST - ZIP

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.