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1997 JUN 26 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P95000039404 (5)**

1. Corporation Name
MCELHATTON'S MASONRY, INC.

Principal Place of Business	Mailing Address
C/O THOMAS F. EGAN, P.A. 56 EAST PINE STREET STE 300 ORLANDO FL 32801	C/O THOMAS F. EGAN, P.A. 56 EAST PINE STREET STE 300 ORLANDO FL 32801-2660

2. Principal Place of Business 21 C/O THOMAS F EGAN	2a. Mailing Address 26 C/O THOMAS F. EGAN
Suite, Apt. #, etc. 22 204 PARK LAKE STREET	Suite, Apt. #, etc. 27 204 PARK LAKE STREET
City & State 23 ORLANDO FLORIDA	City & State 28 ORLANDO FLORIDA
Zip / Country 24 32803 / 25 USA	Zip / Country 29 32803 / 30 USA

3. Date Incorporated or Qualified: 05/17/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 58-2323349 ☐ 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	10. Name and Address of New Registered Agent
EGAN, THOMAS F C/O THOMAS F. EGAN, P.A. 56 EAST PINE STREET STE 300 ORLANDO FL 32801	81 Name THOMAS F. EGAN 82 Street Address (P.O. Box Number is Not Acceptable) 204 PARK LAKE STREET 83 84 City ORLANDO FL 85 Zip Code 32803

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 Thomas F. Egan — Thomas F. Egan — 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCELHATTON, ANTHONY G		1.2 NAME	900002230599--0
STREET ADDRESS	56 EAST PINE STREET STE 300		1.3 STREET ADDRESS	-07/03/97--01127--006
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	VT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCELHATTON, PETER JOHN		2.2 NAME	
STREET ADDRESS	56 EAST PINE STREET STE 300		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [illegible] THOMAS F. EGAN — 4/29/97