Applied For Not Applicable \$8.75 Additional

Fee Required \$5,00 May Be

Added to Fees

PN0

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporat	JMENT # P9500 DEL'S MASONRY, INC.								
Principal Place of Business . Mailing Address						- 1 (1981/198) and retain Arrest de tir Safer anner anner arrest are			
7155 EXPOR COCOA F 33 US		7155 EXPORT AVE COCOA FL 32927 US	COCOA FL 32927			DO NOT WRITE IN THIS SPAC			
						3. Date Incorporated or Qualifed 05/30/1995			
2. Principal	Place of Business	2a. Mailing Address	<del></del> -			4. FEI Number 59-3320923			
	pt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & S	tate	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution A			
Zip	Country	Zip	Count	ry		8. This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
	WINDEL, JAMES W		18	11	Name	•			
72		8	2	Street Addi	ress (P.O. Box Number is Not Acceptable)				
C	OCOA FL 32927		8	3					
			8	14	City	FL 85			
office o	int to the provisions of Sections 607.  To registered agent, or both, in the St.  I am familiar with, and accept the ob-	ate of Florida. Such change was a	authorized t	iv tn	amed corp e corporation	oration submits this statement for the purpose of chang on's board of directors. I hereby accept the appointment			
SIGNATUR	Signature, typed or printed name of registered	agent and title if applicable (NOTI	E: Registered A	nent si	onature require	d when reinstating) DATE			
12.		AND DIRECTORS	13.		. ,	ADDITIONS/CHANGES TO OFFICERS AND DIR			
TITLE	T D	☐ DELETE	1.1 1111						
NAME	SWINDEL, JAMES W		1.2 NAM						
1404ME	7455 EVDODT AVE		12.00	-					

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90150 011 \*\*\*150.00



COOON FL 32321						ļ						
		84	'	FL		Code						
office or fi	to the provisions of Sections 607.0502 and 607.1508, Florida Statut- egistered agent, or both, in the State of Florida. Such change was a n familiar with, and accept the obligations of, Section 607.0505, Flo	uthorized by	the corpor	orporation submits this statement for the purpose of c ation's board of directors. I hereby accept the appoin	hanging it tment as r	ts registered registered						
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	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12						
TITLE	D DELETE	1.1 TITLE			☐ Change	Addition						
NAME	SWINDEL, JAMES W	1.2 NAME										
STREET ADDRESS	7155 EXPORT AVE	1.3 STREET	ADDRESS									
CITY-ST-ZIP	COCOA FL	1.4 CITY-S	T-ZIP		_							
TITLE	V DELETE	2.1 TITLE			Change	Addition						
NAME	WEBSTER, A	2.2 NAME										
STREET ADDRESS	649 TITUS WAY	2.3 STREET	ADDRESS	The second secon								
CITY-ST-ZIP	TITUSVILLE FL 32796	2. 4 CITY-5	ST-ZIP									
TITLE	D DELETE	3.1 TITLE	1		Change	Addition						
NAME	JAMES SWINDEL	3.2 NAME										
STREET ADDRESS	7155 EXPORT AVE	3.3 STREET	TADDRESS									
City-St-ZiP	COCOA FL	3.4. CITY-S	T-ZIP									
TITLE	V DELETE	4.1 TITLE		<del></del>	Change	Addition						
NAME	CURNUTT, JOHN E II	4.2 NAME	- 1		-							
STREET ADDRESS	6940 COLUMBIA DR	4.3 STREE	T ADDRESS									
CITY-ST-ZIP	COCOA FL	4.4 CITY-S	T-ZIP									
TITLE	\$ DELETE	5.1 TITLE			Change	Addition						
NAME	SWINDEL, D	5.2 NAME										
STREET ADDRESS	7155 EXPORT AVE	5.3 STREET	FADDRESS			}						
CITY-ST-ZIP	COCOA FL 32927	5.4 CITY-S	T-ZIP									
TITLE #4.7	. , DELETE	6.1 TITLE			Change	Addition						
NAME		6.2 NAME		·		ĺ						
STREET ADDRESS	· · · · · · ·	6.3 STREE	TADDRESS			ļ						
CITY-ST-ZIP		6.4 CITY-S	,									
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 ar 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, with all other like empowered.

**SIGNATURE:**