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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

P95000059597 (1)

DOCUMENT # MASONRY CONSTRUCTION, INC.

FILED Feb 24 1998 8:00am Secretary of State



Principal Place		Mailing Address			
1704 CURRY RD		1704 CURRY RD LUTZ FL 33549			
LUTZ FL 33549		LU12 FL 33349		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
			 	07/31/1995	
	ace of Business	2a. Mailing Address	U IP YW	4. FEI Number	Applied For
	US Flwy 41 N.	26 18105 US F	IMI AI M	. 59-3328927	Not Applicable
	ÖÖS A	27 Suite XX5	A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 LLT	+	28 Lutz	<u> </u>	Trust Fund Contribution	Added to Fees
Zip 225/	Country bound	22510	30 Hilkborns	8. This corporation owes or has paid the	
24 JJJ	9. Name and Address of Current	All all the first the first of the All the recommendation	30 Hillsboroug	Personal Property Tax due June 30. 10. Name and Address of New Register	
ELV		TO GISTOR PROPERTY	81 Name	To. Harris Bris Hadridge of Harris Hagrista	- Tagotti
FLYING, FLOTD E JR				trees (D.O. Day Ni yahar is Not Assentable)	
LUTZ FL 33549			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
83					
			84 City		85 Zip Code
				į	FL '
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 product came of registered a peal and little if applicable (NOTL Registered Agent a gnature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	VP	DELFTE	1.1 TITLE		Change Addition
NAME	CAPOCCIA, STEVEN M	r	1.2 NAME		
STREET ADDRESS	18437 STERLING SILVER CIRCI	Lt	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LUTZ FL S	DELFTE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
MAME	CAPOCCIA, ANN M	beer 16	2.2 NAME		
STREET ADDRESS	18437 STERLING SILVER CIRC	F	2.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		2. 4 CITY-ST-ZIP		
TITLE	VP	DE LETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FLYNN, FLOYD E JR		3.2 NAME		
STREET ADDRESS	1704 CURRY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		3.4. CITY-ST-ZIP		
TITLE	P	DELETE	4.1 TITLE		Change Addition
NAME	Flynn, Karen		4. 2 NAME		
STREET ADDRESS	1704 CURRY ROAD		4.3 STREET ADDRESS		
CHY-ST-ZIP	LUTZ FL	T percie	4,4 CITY-ST-ZIP		T Address
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE			6.1 TITLE		Ci cuando Ci vontan
NAME EXPERT ADODUCE			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
City-St-ZiP	artify that the information supplied with	this Olina does not auglify fo	t the exemption stated in	Section 119 07(3Vi) Florida Statutes I furthe	er certify that the information

information supplied with this fling does not quality for the exemption stated in Section 1 1907(5)(1), Florida Statutes. I further certify that the informatic report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a corporation or the deceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in