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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000066608**1. Corporation Name

"MASONRY" BY GEORGE, INC.

							+ 100/1900 110/100 10/10 10/11 10/11 10/11				
Principal Place of Business Mailing Address											
1321 HAWAII AV PALM HARBOR		1321 HAWAII AVENUE PALM HARBOR FL 34688					DO MOT WOLTEN		D 4 G 1	_	
US					,	DO NOT WRITE IN THIS SPACE					
						3.	Date Incorporated or Qualifed 08/28/1995				i
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number				Ap	plied For
21		26					59-3351709			No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	Carifornia of Status Basicad		\$8.	75 £	dditional
22		27				5.	Certificate of Status Desired		Fe	ae Re	quired
City & State	•	City & State				6. Election Campaign Financing \$5.00 May Be					
23							Trust Fund Contribution		Ad	lded t	o Fees
Zip	Country	Zip _	Zip Country			8.	This corporation owes the current y	ear Inta	ngible		
24	25	29	0				Personal Property Tax.		Yes	à	□No
	9. Name and Address of Curren	nt Registered Agent				10.	Name and Address of New Regis	tered A	gent		
			8	1	Name						
GILLES, GEORGE A SR.			8	82 Street Add			P.O. Box Number is Not Acceptable)				
	HAWAII AVENUE					.,					
PALN	HARBOR FL 34683		8	3							
	•		8	4	City			FL	85	Zip (Code
11. Pursuant t	to the provisions of Sections 607.050)2 and 607.1508, Florida Statute:	s, the abo	ve-	-named corpor	ation	n submits this statement for the purp	ose of c	hangir	ng its	registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was aut	thorized b	v ti	he corporation'	's bo	pard of directors. I hereby accept the	appoint	ment	as re	gistered
SIGNATURE											
	Signature, typed or printed name of registered age		<u> </u>	ent	signature required w			ATE			DO 114 40
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICE	RS AND	Ch:		Addition
TITLE	~		1.1 TITLE	1.1 TITLE						ange	☐ Addition
NAME	GILLES, GEORGE A SR.		1.2 NAME								
STREET ADDRESS	1321 HAWAII AVENUE		1.3 STRE	1.3 STREET ADDRESS							
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		-ZIP						
TITLE	D	☐ DELETE 2.1		2.1 TITLE					Ch:	ange	Addition
NAME	GILLES, GEORGE A JR.		2.2 NAME	=							
STREET ADDRESS	1321 HAWAII AVENUE		2.3 STREET		ADORESS						
CITY+ST+ZIP	PALM HARBOR FL		2.4 CITY	-ST	î- ZIP						
TITLE	D DELETE		3.1 TITLE						Ch	ange	Addition
NAME	SPELLMAN, KATHY		3.2 NAME	3.2 NAM€							
STREET ADDRESS	536 14TH ST		3.3 STREE		ADDRESS						
CITY-ST-ZIP	PALM HARBOR FL 34683		3.4. CITY-		r-ZIP						
TITLE		☐ DELETE	4.1 TITLE						Ch	ange	☐ Addition
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREE		ADDRESS						
CITY-ST-ZIP			4.4 CITY-5		I						
TITLE		☐ DELETE	5.1 TITLE						Ch	ange	☐ Addition
NAME		 -	5.2 NAME								ĺ
i					ADDRESS						
STREET ADDRESS			5.4 CITY		I .						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE						□] Ch	ange	Addition
TITLE		C) DELETE	6.2 NAME							J-	
NAME					ADDRESS						
STREET ADDRESS			0.3 STRE	/	ADDRESS						

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 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, with all other like empowered.

6.4 CITY- ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727 421.3789 Daytime Phone # 4. 27.99