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

DOCUMENT # P95000076404

AQUINO'S MASONRY. INC.

Principal Place	e of Business		Ma	ailing Address			1 10011001 110 10101 11111		19910 61111 01011	
1225 WILKINSON ROAD			PO	BOX 3626			•			
LAKELAND FL 33803				KELAND FL 33802-3626			DO NOT WRITE IN THIS SPACE			
			US	}					SPACE	
							3. Date Incorporated or Qu	alited		1
							09/26/1995			
2. Principal Place of Business				2a. Mailing Address			4. FEI Number		<u> </u>	plied For
21			26				59-3336285			ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certifcate of Status Desi	red □	\$8.75	
22			27						Fee Re	equired
City & State			<u> </u>	City & State			6. Election Campaign Final	ncing 🔲	\$5.00	, i
23			28				Trust Fund Contribution Added to Fees			
Zip		Country	<u> </u>	Zip	Co₁	intry	8. This corporation owes th	e current year in		
24	25		29		30		Personal Property Tax.		Yes	□No
	9. Name a	nd Address of Curr	ent Regis	stered Agent			10.º Name and Address of	New Registered	Agent	· · · · - ·
	Mew-marks	en e				81 Name	THOMAS J. BRYANT,	CDA		
MURPHYX ROMALDX				82 Street Addi			dress (P.O. Box Number is Not A	cceptable)		
5015-80UTH FEORIDA: AVENUE						<u> </u>	114 N. TENNESSEE		E. 202	
	Ex400A					83		,		Ì
baki.	ELANDAELX38	81 3				84 City			85 Zip (Code
		1				'	LAKELAND	FL	_ 33	801
44 D	to the manufactor	- 45 Cartin # 607 05	C02 and 6	07 1509 Florida Statut	on the e	hove named cor	moration submits this statement f	or the purpose of	changing its	registered
TI. Pursuant	to the brovision	is≱or Sectionar b∪7.U:	ouz anu o	or, 1000, Florida Statut	es, me a	DOAG-HEILIEG COL	perducti occinica and occionant			
office or r	registered agen	or both, in the State	te of Florio	da. Such change was a	uthorized	by the corporal	tion's board of directors. I hereby	accept the appo	intment as re	gistered
ľ	registered agen im familiar with	or both, in the State and accept the oblig	te of Florio				rporation submits this statement fition's board of directors. I hereby	accept the appo	intment as re	gistered
office or reagent. I a	4//	/ [[/		- Ih	OMa	5-1.10	early deep	accept the appo	intment as re	gistered
ľ	registered agen am familiar with	/ [[/	gent and title	if applicable. (NOTE	OMa		early deep	DATE	<u> ખ</u>	
SIGNATURE	4//	printed name of registered as	gent and title	if applicable. (NOTE	ONQ Registered	Agent signature requir	red when reinstaking)	DATE	<u> ખ</u>	
SIGNATURE 12. TITLE	Signature, typed of	printed name of registered as	gent and title	rf applicable. (NOTE	OMQ Registered 13.	Agent Signature requir	red when reinstaking)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed of P DAMPIER, S	printed name of registered as OFFICERS A	gent and title	rf applicable. (NOTE	13. 1.1 Ti 1.2 N	Agent signature requirements TLE	red when reinstaking)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	P DAMPIER, S 1225 WILKI	printed nary of registered a OFFICERS A SHERI J NSON RD.	gent and title	rf applicable. (NOTE	13. 1.1 Ti 1.2 Ni 1.3 S	Agent Signature requir TLE AME TREET ADDRESS	red when reinstaking)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of P DAMPIER, S	printed nary of registered a OFFICERS A SHERI J NSON RD.	gent and title	rf applicable. (NOTE	13. 1.1 TE 1.2 N 1.3 S 1.4 C	Agent signature requir TLE AME TREET ADDRESS TY-ST-ZIP	red when reinstaking)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	P DAMPIER, S 1225 WILKI	printed nary of registered a OFFICERS A SHERI J NSON RD.	gent and title	if applicable. (NOTE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti	Agent signature requisities TLE AME TREET ADORESS TTY-ST-ZIP TLE	red when reinstaking)	DATE	ND DIRECTO	DRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P DAMPIER, S 1225 WILKI	printed nary of registered a OFFICERS A SHERI J NSON RD.	gent and title	if applicable. (NOTE	13. 1.1 Ti 1.2 N. 1.3 S 1.4 C. 2.1 Ti 2.2 N.	Agent algosture requirements TLE AME TREET ADORESS TTY-ST-ZIP TLE AME	red when reinstaking)	DATE	ND DIRECTO	DRS IN 12 Addition
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90024 047 ***150.00

Change

Addition