## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

P95000089750 (0)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VAN PATTEN MASONRY, INC.

Principal Place of Business Mailing Address					ik 80141 00401 19146 fühlt 10004 01111 0811 1804
902 BLANEY COURT DELTONA FL 32725		902 BLANEY COURT DELTONA FL 32725			
				3. Date Incorporated or Qualified 11/27/1995	3a. Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address		4. fEl Number	Applied For
21		26		59-334028	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
<i>Zi</i> p	Country	Zip	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Current	[29]	30	Florida Statutes Yes	<del></del>
	9. Name and Address of Correll	negistereu Agent	81 Name /	10. Name and Address of New Re	egistered Agent
343 ALI Coral	W FIRM OF LAWRENCE J SPIE MERIA AVENUE GABLES FL 33134		83 84 City	ess (P.O. Bog Number is Not Acceptable of Box 353 &	9049 E. AfmoreCu FL 85 32725
or registerer familiar with SIGNATURE	the provisions of Sections 607.0502 dagent, or both, in the State of Florid and accept the obligations of, Section 1. Sec	a. Such change was authori. on 607,0505, Florida Statute nd tite rapideate (N	zed by the corporation's boar	· · · · · · · · · · · · · · · · · · ·	intment as registered agent. I am  2-29-96  DATE
TITLE	PTD	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFFI	Change Addition
NAME	PATTEN, MICHAEL VAN		1 2 NAME		
STREET ADDRESS	902 BLANEY COURT		1 3 STREET ADDRESS		
CITY-S1-ZIP	DELTONA FL 32725		* 4 CITY - ST - ZIP		
TITLE	VSD	DELETE	2 1 TIFLE		Change Addition
NAME	PATTEN, CHARLOTTE VAN		2 2 NAME		
STREET ADDRESS	902 BLANEY COURT		2 3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		2.4 City - \$1 - ZiP		į
TOTLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STHEET 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 - S1 - ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - \$1 - 7IP		
TITLE		☐ DELETE	6 , LILFE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	partife, that the information area!	als to be following to the first of the	64 CiTY - ST - Z/P		5-2-20 C & C & C & C & C & C & C & C & C & C
certify that t oath; that I	he information indicated on this annua	al report or supplemental and ation or the receiver or truste	nual report is true and accurat se empowered to execute this	or the exemption stated in Section 119.0 te and that my signature shall have the secreport as required by Chapter 607, Flo	same legal effect as if made under

3-8-96 904532-0892