

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Horthard  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JUN 23 AM 6:05

DOCUMENT # P96000012521 (6)

1. Corporation Name

TRI-W MASONRY, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

1086 HIGHWAY 17  
BOSTWICK FL 32007

1086 HIGHWAY 17  
BOSTWICK FL 32007

3. Date Incorporated or Qualified

02/01/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26 P.O. Box 295

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

Bostwick FL 32007

28

Zip

Country

Zip

Country

24

32007

25

PUTNAM

29

30

4. FEI Number

59-3360918

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, CLAUDE M SR.  
1086 HIGHWAY 17  
BOSTWICK FL 32007

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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 DIRECTORS IN 12

TITLE D  
NAME WILLIAMS, CLAUDE M SR.  
STREET ADDRESS ROUTE 4, BOX 1489  
CITY-ST-ZIP PALATKA FL 32177

☐ DELETE

TITLE D  
NAME WILLIAMS, JOHN S  
STREET ADDRESS 230 HARBOR DRIVE  
CITY-ST-ZIP BOSTWICK FL 32007

☐ DELETE

TITLE D  
NAME WILLIAMS, CLYDE O  
STREET ADDRESS 108 PRICE STREET  
CITY-ST-ZIP BOSTWICK FL 32007

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE

CLAUDE M WILLIAMS

4/20/97

CR2E034 (9/96)