

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Houghton
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
1086 HIGHWAY 17 BOSTWICK FL 32007

Mailing Address
1086 HIGHWAY 17 BOSTWICK FL 32007

3. Date Incorporated or Qualified
02/01/1996

3a. Date of Last Report

21. Principal Place of Business
21

2a. Mailing Address
26 P.O. Box 295

4. FEI Number
59-3360918

Applied For
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State
Bostwick FL

28. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip
32007

25. Country
PUTNAM

29. Zip

30. Country

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

85. Zip Code **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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CLAUDE M SR.	
STREET ADDRESS	ROUTE 4, BOX 1489	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOHN S	
STREET ADDRESS	230 HARBOR DRIVE	
CITY-ST-ZIP	BOSTWICK FL 32007	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CLYDE O	
STREET ADDRESS	108 PRICE STREET	
CITY-ST-ZIP	BOSTWICK FL 32007	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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-05/24/97--01033-002
***165.00 ***169.00

Handwritten signature and date: 6-24-97

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 _____ DATE **4/22/97**

CR2E034 (9/96)