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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000019087 (1)

M & L BARNES MASONRY, INC.

City & State	Principal F 226 FERNER LAKELAND					·				
Application   Suite, Apt. #, etc.   Suite.					•••		02/23/1996	3a. Date o	Last Report	
Suite. Apt. #, etc.    Suite. Apt. #, etc.   Suite. Apt. #, etc.   Suite. Apt. #, etc.   Soute. Apt. #, etc.		al Place of Business	F. *							
27									. <del>  </del>	
28   Trust Fund Contribution   Added to Fees	22	27					I a. Lennicale of Status Desired I I			
25 29 30	23		28				, ,			
Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent		<u> </u>								
KEITH, W.C. 1722 STAYSAIL DR. TAMPA PL 33594  82 Street Address (P.O. Box Number is Not Acceptable)  83   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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11.1 ITILE  D  D  DELETE  1.1 ITILE  D  AMBE  BARNES, MITCH  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  LAKELAND FL 33809	24				J					
17.22 STAYSAIL DR. TAMPA FL 33594  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Code   85 Zip Code   86 City   FL   86 Zip Code   87 City   88 Zip Code   89 Zip Code   89 Zip Code   89 Zip Code   89 Zip Code   80 Zip Code   81 Zip Code   81 Zip Code   82 Zip Code   83 Zip Code   84 City   85 Zip Code   85 Zip Code   86 Zip Code   86 Zip Code   87 Zip Code   87 Zip Code   88 Zip Code   88 Zip Code   89 Zip Code   80 Zip Code   81 Zip Code   81 Zip Code   82 Zip Code   82 Zip Code   82 Zip Code   83 Zip Code   84 Zip Code   85 Zip Code   85 Zip Code   86 Zip Code   86 Zip Code   87 Zip Code   87 Zip Code   88 Zip Code   89 Zip Code   80 Zip Code							10. Name and Address of New Reg	stered Age	nt	
TAMPA Ft. 33594  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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or penied name of registered agent and lefe if applicable.  NAME  BARNES, MITCH  12. NAME  STREET ADDRESS  CITY-ST-Zip  LAKELAND Ft. 33809  84 City  FL  85 Zip Code  Addition  FL  85 Zip Code  FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 In In It In	1722 STAYSAIL DR.						drace (D.O. Boy Number is Not Associable)			
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or punied name of registered agent and line if applicable   (NOTE Registered Agent signature required when reinstating)   DATE					"	SHEEL AUGIE	Address (P.O. Box Number is Not Acceptable)			
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 profiled name of registered agent and title if applicable. (NOTE Registored Agent signature required when reinstating)    12.				ē	33					
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 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 ponted name of registered agent and title if applicable. (NOTE Registered Agent signature requires when reinslating)    12.	1					City	<b>FL</b>			
Signature, typeed or prefield manie of registered agent and little if applicable (NOTE Registered Agent agent required when reinslating) (DATE  12. OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  11ILE D LANAME  BARNES, MITCH  STREET ADDRESS CITY-ST-ZIP  LAKELAND FL 33809  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  1.1 I/ILE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS 1.4 C(IY-ST-ZIP)	I OHICH	or registered agent of norr in the State	DI FIORICIA SUCE CHARGO WAS AL	III DOLLYGOL	1111	the corporate	oration submits this statement for the pu on's board of directors. I hereby accep	urpose of cha t the appointr	nging its registered ment as registered	
12.         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           TITLE         D         DELETE         1.1 I/TLE         Change         Addition           NAME         BARNES, MITCH         1.2 NAME         1.2 NAME         STREET ADDRESS         226 FERNERY RD.         1.3 STREET ADDRESS         1.3 STREET ADDRESS         LAKELAND FL 33809         1.4 CITY-ST-ZIP	SIGNATUR	RE								
TITLE         D         DETETE         1.1 TITLE         Change         Addition           NAME         BARNES, MITCH         1.2 NAME         1.2 NAME         1.3 STREET ADDRESS         CITY-ST-ZIP         LAKELAND FL 33809         1.4 CITY-ST-ZIP         1.5 CITY-ST-ZIP	40				Agen	1 signature require				
NAME         BARNES, MITCH         1.2 NAME           STREET ADDRESS         226 FERNERY RD.         1.3 STREET ADDRESS           CITY-ST-ZIP         LAKELAND FL 33809         1.4 CITY-ST-ZIP										
STREET ADDRESS         228 FERNERY RD.         1.3 STREET ADDRESS           CITY-ST-ZIP         LAKELAND FL 33809         1.4 GITY-ST-ZIP		, <del>-</del>				}	Change L. Addition			
CRY-ST-ZIP LAKELAND FL 33809 1.4 CRY-ST-ZIP			AND FEDNIEDY DD		-					
		LAVELAND EL 00000								
	TITLE	Water transfer and the second			1.4 CHY - ST - ZIP				Channe Addition	

2.2 NAME

31 TITLE

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4. 2 NAME

5.1 TITLE

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6.1 TITLE

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2.3 STREET ADDRESS

3.3 STREET ADDRESS

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**6.3 STREET ADDRESS** 

5.4 CITY - \$1 - ZIP

4.4 CHTY - ST - ZIP

34 CITY-S1-ZIP

2. 4 CITY - ST - ZIP

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

MONATURE MAINTANTE OFFICE

1 . 50 00

and and and

Change

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**FILED** 

Apr 30 1997 8:00am

Secretary of State