
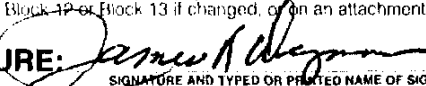


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000019737 (1) 1. Corporation Name MCCALL MASONRY, INC.			
Principal Place of Business 5533 WOODCREST DR. MILTON FL 32583		Mailing Address 5533 WOODCREST DR. MILTON FL 32583-5540	
2. Principal Place of Business 21 4332 Watkins St Suite, Apt. #, etc. 22 City & State 23 Pace FL Zip 24 32571		2a. Mailing Address 26 4332 Watkins St Suite, Apt. #, etc. 27 City & State 28 Pace, FL Zip 29 32571 Country 30 U.S.	
3. Date Incorporated or Qualified 02/27/1996		3a. Date of Last Report	
4. FEI Number 59-3362798		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MATTHEWS, EDSSEL F JR. 308 JEFFERSON ST. PENSACOLA FL 32501		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	MCCALL, WILLIAM D	1.1 TITLE	V/D
STREET ADDRESS	5533 WOODCREST DR.	1.2 NAME	McCall, William D.
CITY-ST-ZIP	MILTON FL 32583	1.3 STREET ADDRESS	4332 Watkins St
TITLE	D	1.4 CITY-ST-ZIP	Pace FL 32571
NAME	MCCALL, LESLIE	2.1 TITLE	S/D
STREET ADDRESS	5533 WOODCREST DR.	2.2 NAME	McCall, Leslie
CITY-ST-ZIP	MILTON FL 32583	2.3 STREET ADDRESS	4332 Watkins St
TITLE	D	2.4 CITY-ST-ZIP	Pace, FL 32571
NAME	DEZMAN, JAMES R SR.	3.1 TITLE	P/T/D
STREET ADDRESS	5533 WOODCREST DR.	3.2 NAME	Dezman, James R. Sr.
CITY-ST-ZIP	MILTON FL 32583	3.3 STREET ADDRESS	4332 Watkins St
TITLE		3.4 CITY-ST-ZIP	Pace, FL 32571
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE		6.4 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 		NAME: JAMES R. DEZMAN 4-15-97 904-995-0935	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

CR2E034 (9/96)