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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000048182 (5)

C. B. MASONRY, INC.

Principal Place of Business

6016-B SEWELL ROAD PENSACOLA FL 32504 Mailing Address

6016-B SEWELL ROAD PENSACOLA FL 32504

## FILED May 11 1998 8:00am Secretary of State



1 LITORIQUEA I		TENONOODA TE OEGOT		DO NOT WRITE IN THIS	SPACE
	_			3. Date Incorporated or Qualified 06/01/1996	
	lace of Business	2a. Mailing Address	011	4. FEI Number	Applied For
21 708		26 /08 /	ark Lan	<u>e 59-3381652</u>	Not Applicable
Suite, Apt. <b>22 70</b>	8 Park Lune	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Han Fl.	City & State  28 Milton	Fl.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip .	Country	Z <sub>1</sub> p 32570	Country	8. This corporation owes or has paid the cu	_ ' _ '
24 325			30		Yes No
	9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
CAMP, JOFFRY L 6016-B SEWELL ROAD 81 Name				CAMP, Joffry L.	
	ISACOLA FL 32504		82 Street	Address (P.O. Box Number is Not Acceptable)	
ren	ISACULA PL 32004		83 -	7	
			ا قا	108 Park Lane	
			84 City	Act / El	85 Zip Code
11. Pureuant t	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes	the above named	corporation submits this statement for the purpose of	- 323/0
office or re	egistered agent, or both, in the State	of Electida. Such change was au	thorized by the corp	poration's board of directors. I hereby accept the ap	pointment as registered
-	m familiar work, and account the foliog			4/20/	20
SIGNATURE	Signatura, Carlo or pysione or ogistered agus	nt Ad Illia il applicable (NOTE:	Registered Agent signature	required when reinstating) DATE	<i>*************************************</i>
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D.	☐ DELE <b>te</b>	1.1 TITLE	Fresident	Criange Addition
NAME	CAMP, JOFFRY L		1.2 NAME	CAMP, TOPFRY L. 708 Park Ln.	
STREET ADDRESS	6016-B SEWELL ROAD		1.3 STREET ADDRESS	708 Park Ln.	
CITY-ST-ZIP	PENSACOLA FL 32504		1.4 CITY - ST - ZIP	Milton Fl. 32570	
TITLE	D	DELETE	2 1 TITLE		Change Addition
NAME	BURKE, SCOTT M		2 2 NAME		
STREET ADDRESS	10151 GUIDY LANE APT. G3		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP	····	
TITLE		DELETE	4.1 TITL€		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DEL <b>ETE</b>	4.4 CITY - ST - ZIP		Change Addition
TITLE	•	ן הכרבור	5.1 TITLE		Change Addition
NAME			5.2 NAME		İ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP		Change Addition
		►1 percit	6.1 TITLE		L CHANGE L MUURIOR
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS .		

14. I 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.