

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 23 1998 8:00am
Secretary of State

DOCUMENT # P96000074788 (6)

1. Corporation Name

DAYTONA BRICK & STONE, INC.



Principal Place of Business

2430 SOUTH NOVA ROAD UNIT 9
SOUTH DAYTONA FL 32119

Mailing Address

2430 SOUTH NOVA ROAD UNIT 9
SOUTH DAYTONA FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1996

4. FEI NUMBER

59-2802287-59-340 3220

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 2430 South Nova Road
Suite, Apt. #, etc.

22 Unit 9

City & State

23 South Daytona, FL

Zip

24 32119

Country

25

2a. Mailing Address

26 2430 South Nova Road,
Suite, Apt. #, etc.

27 Unit 9

City & State

28 South Daytona, FL

Zip

29 32119

Country

30

9. Name and Address of Current Registered Agent

HALLIDAY, BENJAMIN A
2430 SOUTH NOVA ROAD UNIT 4
SOUTH DAYTONA FL 32119

10. Name and Address of New Registered Agent

81 Name

Halliday, Benjamin A

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

2430 South Nova Road Unit 9

83

84 City

South Daytona

FL

85 Zip Code

32119

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	HALLIDAY, BENJAMIN A	
STREET ADDRESS	2430 SOUTH NOVA ROAD UNIT 4	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Halliday, Benjamin A	
1.3 STREET ADDRESS	2430 South Nova Road Unit 9	
1.4 CITY-ST-ZIP	South Daytona, FL 32119	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Halliday, Benjamin A	
2.3 STREET ADDRESS	2430 South Nova Road Unit 9	
2.4 CITY-ST-ZIP	South Daytona, FL 32119	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Halliday, Benjamin A	
3.3 STREET ADDRESS	2430 South Nova Road Unit 9	
3.4 CITY-ST-ZIP	South Daytona, FL 32119	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vickie Halliday	
4.3 STREET ADDRESS	2430 South Nova Road Unit 9	
4.4 CITY-ST-ZIP	South Daytona, FL 32119	
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		

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.

9/15/98 (900) 747-1004

CR2E034 (5/98)

Internal Revenue Service
District Director

Department of the Treasury

Date: 7/6/98

Person to Contact:

ON-LINE ACCOUNT

Telephone Number(s):

Toll Free 1-800-829-1040

Local 412-281-0112

Name and Current Address

DAYTONA BRICK & STONE INC
2430 S NOVA RD UNIT F
SOUTH DAYTONA, FL 32119

Employer Identification Number

59-3403220

Form Number

Tax Period

Dear

Thank you for your inquiry of 7/6/98 about EIN. Please see the box(es) checked below for the answer(s) to your question(s).

- ☐ 1. The deposit of \$ _____, dated _____, was credited to Form _____ for the tax period ending _____.
- ☐ 2. We charged a penalty because deposits weren't made on time. The deposit of _____ dated _____ should have been made on or before _____.
- ☐ 3. We charged a penalty because we couldn't tell how much you should have deposited. Please send us a record of the tax you owed for each period during which you had a payday. You may do this by completing a Form 4977 (or a substitute). When we receive your record, we will decide if we can remove the penalty.
- ☐ 4. We charged a penalty because the tax return was filed late... The return was due on _____; we got it on _____. If you had a good reason for filing late, please write and tell us so that we can consider whether to remove the penalty. A return envelope is enclosed for your convenience.
- ☐ 5. The taxable social security amount wasn't figured correctly on your tax return.
- ☐ 6. The taxable wages weren't figured correctly on your tax return.
- ☐ 7. The payments to the state which you claimed on Form 940 don't agree with the information we got from that state. Please contact the Bureau of Employment Services (Unemployment Compensation) for recertification of your payments.
- ☐ 8. We are processing your Form _____ for the tax period ending _____, which you filed on _____. Your refund should be mailed to you within the next _____ weeks. If you don't get the refund within _____ weeks, please contact our office again.

The number on FDS Incorporation Form belongs to:

Daytona Brick & Stone, Corp,
which does business at same address

(over)

☐ 9. We don't have a record that you filed Form _____. If you filed it more than _____ weeks ago, please send us a copy of your return (including all attachments and copies of your W-2's). Both you and your spouse must sign the copy, if you filed jointly. We can't accept a photocopied signature. Mail it to the IRS Service Center, _____.

☐ 10. We don't have a record of an employer identification number assigned to: _____ . If you filed a Form SS-4, Application for Employer Identification Number, more than _____ weeks ago, please complete the enclosed Form SS-4 and send it to us. A return envelope is enclosed for your convenience.

☒ 11. Our records show that the employer identification number assigned to: DAYTONA BEACH TRUCK & SERVICE INC. is 59-3403220.

☐ 12. You should contact the IRS Service Center about the multiple employer identification numbers. Please write to: Internal Revenue Service Center

ATTN: Entity Control.

☐ 13. _____

If you have any other questions about this matter, you may call our office at the telephone number shown above, or you may write to us at the address shown on the enclosed envelope. If you write, please include a copy of this letter with your telephone number, a person to contact and the best time to call, in case we need more information.

Person to Contact	(relationship to T/P)	Telephone Number	Time to call
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If you have already received the answer to your question, please disregard this letter.

Sincerely,



Taxpayer Service Division

Enclosure(s):
Form _____
Envelope