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Jan 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000093648 (9)

1. Corporation Name

MASON ENTERPRISES, INC.

Principal Place of Business

4003 SOUTH WESTSHORE BOULEVARD, SUITE 2314
TAMPA FL 33611

Mailing Address

4003 SOUTH WESTSHORE BOULEVARD, SUITE 2314
TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1996

4. FEI Number

59-3409860

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 11919 Steppingstone Blvd

Suite, Apt. #, etc.

2a. Mailing Address

26 11919 Steppingstone Blvd

Suite, Apt. #, etc.

22 City & State

23 Tampa, Florida

24 Zip

33635

Country

25 USA

27 City & State

28 Tampa, Florida

Zip

29 33635

Country

30 USA

9. Name and Address of Current Registered Agent

MASON, DONALD J.
4003 S WESTSHORE BLVD
STE 2314
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name

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

83 11919 Steppingstone Blvd

84 City

Tampa

FL

85 Zip Code

33635

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 Donald J. Mason Donald J. Mason President

1/9/98

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 PTD ☐ DELETE
NAME MASON, DONALD J.
STREET ADDRESS 4003 SOUTH WESTSHORE BOULEVARD, SUITE 2314
CITY-ST-ZIP TAMPA FL

TITLE S ☐ DELETE
NAME MASON, DIANNE E.
STREET ADDRESS 4003 S WESTSHORE BLVD, #2314
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME Mason, Donald J.
1.3 STREET ADDRESS 11919 Steppingstone Blvd
1.4 CITY-ST-ZIP Tampa, FL 33635

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME Mason, Dianne E.
2.3 STREET ADDRESS 11919 Steppingstone Blvd
2.4 CITY-ST-ZIP Tampa, FL 33635

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: Donald J. Mason Donald J. Mason, President

1/9/98

813-855-4483

Signature and typed or printed name of signing officer or director

Date

Office Phone #

CR2E034 (10/97)