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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700024306

## **FILED** Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90034 039 \*\*\*150.00

| STEVE H   | IARTZELL MASONRY, I   | NC.  |  |   |  |                                     |                 |
|---|---|--|--|---|--|-------------------------------------|-----------------|
| Principal Place   | e of Business   | Mailing Address  | 1.7 15   | I IMBITADI ICO JESTI SODIS DOTI I DEFIT GOLIS D   | 8148    11011   <b>8188</b> 0    1111   <b>4</b> | I BICO BLIL (DE)                    |                 |
| 317 19TH AVE. NORTH LAKE WORTH FL 33460  317 19TH AVE. NORTH LAKE WORTH FL 33460  |   |  | DO NOT WRITE IN THIS SPACE   |   |  |                                     |                 |
|   |   |  |  | 3. Date Incorporated or Qualifed  |  |                                     |                 |
|   |   |  | H-787  | 03/12/1997  |  |                                     |                 |
| 2. Principal Pl   | lace of Business  | 2a. Mailing Address  |  | 4. FEI Number   |  | olied For                           |                 |
| 21  |   | 26   |  | 65-0735947  |  | Applicable                          | :               |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.  |  | 5. Certifcate of Status Desired   | \$8.75 A<br>Fee Re                               |                                     |                 |
| City & State  | e ·   | City & State   |  | 6. Election Campaign Financing  | \$5.00   |                                     |                 |
| 23  |   | 28   |  | Trust Fund Contribution   | Added to   | o Fees                              |                 |
| Zip   | Country   | Zip  | Country  | 8. This corporation owes the current year   |  | □No                                 |                 |
| 24  | 25  |  | 30   | Personal Property Tax.  10. Name and Address of New Register  |  | □No                                 |                 |
|   | 9. Name and Address of C  | Current Registered Agent   | 81 Name  | 10. Name and Address of New Register  | eu Agent   |                                     |                 |
| HAR   | TZELL STEVE   |  |  |   | <u></u> ,  |                                     |                 |
| Hartzell, Steve<br>317 19th Ave. North<br>Lake Worth Fl 33460   |   |  | 82 Street A  | Address (P.O. Box Number is Not Acceptable)   |  | Ì                                   |                 |
|   |   |  | 83   | 40.00   | <del></del>                                      |                                     |                 |
| LANC  | 2 WONTH FE 30400  |  | 65   |   |  |                                     |                 |
|   |   |  | 84 City  |   | <b>EL</b> 85 Zip C                               |                                     |                 |
| office or re  | edictored agent or both in the  | State of Florida. Such change was au obligations of, Section 607.0505, Flori               | inorized by the como:  | corporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the second statement for the purpose ration's board of directors. | opointment as req                                | gistered                            |                 |
| SIGNATURE   |   |  |  | DATE  |  |                                     | _               |
| SIGNATURE   | Signature, typed or printed name of registe   | ered agent and title if applicable. (NOTE:   | Registered Agent signature re-   |   |  | RS IN 12                            | (80)            |
| SIGNATURE   | OFFICE  | ored agent and title if applicable. (NOTE:   | Registered Agent signature re  | quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS   |  | R\$ IN 12                           | 11/08)          |
| SIGNATURE  12.  TITLE   | OFFICER   | ered agent and title if applicable. (NOTE:   | Registered Agent signature re-   | ,   | AND DIRECTO                                      |                                     | (41/08)         |
| SIGNATURE  12.  TITLE  NAME   | P<br>STEPHEN R HARTZELL   | ored agent and title if applicable. (NOTE:   | Registered Agent signature research  13.  1.1 TITLE  1.2 NAME  | ,   | AND DIRECTO                                      |                                     |                 |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS   | P<br>STEPHEN R HARTZELL<br>317 19TH AVE N   | ored agent and title if applicable. (NOTE:   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS  | ,   | AND DIRECTO                                      |                                     | 25034           |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | P<br>STEPHEN R HARTZELL<br>317 19TH AVE N<br>LK WORTH FL 33460                            | ored agent and title if applicable. (NOTE:   | Registered Agent signature research  13.  1.1 TITLE  1.2 NAME  | ,   | AND DIRECTO                                      |                                     | 25034           |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | P<br>STEPHEN R HARTZELL<br>317 19TH AVE N<br>LK WORTH FL 33460<br>ST                      | ored agent and title if applicable. (NOTE: RS AND DIRECTORS  DELETE                        | Registered Agent signature re- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP   | ,   | S AND DIRECTO                                    | ☐ Addition                          | 25034           |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | P<br>STEPHEN R HARTZELL<br>317 19TH AVE N<br>LK WORTH FL 33460<br>ST<br>JEANNE S HARTZELL | ored agent and title if applicable. (NOTE: RS AND DIRECTORS  DELETE                        | Registered Agent signature re- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE   | ,   | S AND DIRECTO                                    | ☐ Addition                          | CD2E034 (11/98) |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS   | P STEPHEN R HARTZELL 317 19TH AVE N LK WORTH FL 33460 ST JEANNE S HARTZELL 317-19TH-AVE-N | ored agent and title if applicable. (NOTE: RS AND DIRECTORS  DELETE                        | Registered Agent signature reveal 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME  | ,   | S AND DIRECTO                                    | ☐ Addition                          | 25034           |
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| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME = STREET ADDRESS CITY-ST-ZIP  | P STEPHEN R HARTZELL 317 19TH AVE N LK WORTH FL 33460 ST JEANNE S HARTZELL 317-19TH-AVE-N | ored agent and title if applicable. (NOTE: RS AND DIRECTORS DELETE DELETE                  | Registered Agent signature re- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP   | ,   | S AND DIRECTO Change  Change                     | Addition Addition                   | 25034           |
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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, with all other like empowered.

SIGNATURE: