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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000059295 (0)

LIGHTNING MASONRY, INC.

FILED Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					L INCHIADRI AND ABANA ADRANA DDANA BORNA GOLDA DANAD ADRAD ARADID ADADA DANAD BANA
1316 ST. CATHERINE AVE CHRISTMAS FL 32709		1316 ST. CATHERINE AVE CHRISTMAS FL 32709			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 07/07/1997
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21		26			59-34/8285 Not Applicable
Suite, Ap	t. #, etc .	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Regulred
	City & State City & State			· ·	6. Election Campaign Financing \$5.00 May Be
23	28			· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	гу	8. This corporation owes or has paid the current year Intangible
24	25 29 30 30 30 30 30 30 30 30 30 30 30 30 30		30;		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
				1 Name	
1316 ST. CATHERINE AVE			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)
CHRISTMAS FL 32709			L		,
			8	3	
			8	4 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na				ve-named co	rporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a	uthorized I	by the corpora	altion's board of directors. I hereby accept the appointment as registered
SIGNATURE	·				
Signature, typed or punted name of registered agoni and title diapplicable (NOTE Registered A				gent signature requ	uired when reinstating) DATE
12. YITLE	OFFICERS AN	VD DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	RUSSELL, LINDA K		1.2 NAM		
STREET ADDRESS	AAAA AT AATIMONIE AND			ET ADDRESS	
CITY-ST-ZIP	CHRISTMAS FL 32709		1.4 CITY	- ST- ZIP	
TITLE	VD VD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, JAMES C			E	
STREET ADDRESS	1 17 1		2.3 STRE	E1 ADDRESS	
CITY-ST-ZIP			2. 4 CITY		Change Addition
TITLE	TD CLIFF, JASON	☐ percet	3.1 117LE 3.2 NAMI		Change Noticon
NAME Street address	APARA APIRASTA AND			ET ADDRESS	
CITY-ST-ZIP	ALIDIATURA EL BATAR		3.5 STRE	1	
TITLE	8	DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME	CLECKLEY, LAMAR		4 2 NAM	E	
STREET ADDRESS	1316 ST. CATHERINE AVE.		4.3 STRE	et address	
CITY-ST-ZIP	CHRISTMAS FL 32709		4.4 CITY	-ST-ZIP	
TITLE		DELETE	5.1 TULE		☐ Change ☐ Addition
NAME			5.2 NAM		
STREET ADDRESS			5.3 STRE	ET ADDRESS	
CITY-ST-ZIP			5.4 CiTY		
TITLE		☐ DELE TE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			6.4 CITY	ST-ZIP	Out and October Charles the street of the street of

Thereby 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 chapted, or on an attachment with an address.