SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 06/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0004664

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
99 MAR -9 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000082156 (5)

1. Corporation Name
CARLTON MCDUFFY MASONARY, INC.

Principal Place of Business
~~2032 WHITNER STREET~~
~~JACKSONVILLE FL 32209~~
7068 MISS MUFFET LN. S.
JACKSONVILLE, FL 32210

Mailing Address
~~2032 WHITNER STREET~~
~~JACKSONVILLE FL 32209~~
7068 MISS MUFFET LN. S
JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
09/22/1997

4. FEI Number
593468097
[ ] 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
MCDUFFY, CARLTON
~~2032 WHITNER STREET~~ 7068 MISS MUFFET LN. S
JACKSONVILLE FL 32209 JACKSONVILLE, FL 32210

10. Name and Address of New Registered Agent
81 Name: McDUFFY, CARLTON
82 Street Address (P.O. Box Number is Not Acceptable): 7068 MISS MUFFET LN. S.
83
84 City: JACKSONVILLE FL 85 Zip Code: 32210

11. Pursuant to ... and accept the obligations of, section 607.0505, Florida Statutes.
SIGNATURE: Carlton McDuffy — Lora L. Aspinwall 12/17/98
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	DP	[ ] DELETE
NAME	MCDUFFY, CARLTON	
STREET ADDRESS	~~2032 WHITNER STREET~~ 7068 MISS MUFFET LN. S	
CITY-ST-ZIP	JACKSONVILLE FL ~~32209~~ 32210	
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		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	[ ] Change [ ] Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[ ] Change [ ] Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[ ] Change [ ] Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

03/24/99--01064--024
*****908.75 *****908.75

REINSTATEMENT 9899

TB. 3/15/99

CR2E034 (5/98)

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: Carlton McDuffy 695-4351