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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mostham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT.#

R97000103078 (6)

G.L.D. MASONRY INC.

Principal Place of Business

Mailing Address

MON DECIMAL DE

FILED Jul 29 1998 8:00am Secretary of State



ST. CLOUD FL		ST. CLOUD FL 34771		DO NOT WRITE IN THIS	SPACE			
					3. Date Incorporated or Qualified	OF AUL		
					12/05/1997			
	ace of Business	2a. Mailing Address			4. FEI Number	P	Applied For	
21 2490		26 249 8 Ronc	C/ /	DR	59-3482383		Not Applicable	
Suite, Apt. #	⊭, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State City & State					Election Campaign Financing	\$5.00	\$5.00 May Be	
23 57-C	loud, Fl	28 ST Cloud,	F/		Trust Fund Contribution		d to Fees	
Zip 24 : " 34"	Country	2 345 21	Countr	edd	This corporation owes or has paid the cu Personal Property Tax due June 30.		ntangible No	
24 . 39	25 OSCEOLA 9. Name and Address of Current		130 030	. EUIDL	10. Name and Address of New Registered			
DAI	· · · · · · · · · · · · · · · · · · ·		81	Name				
DAMPIER, LINDA 2490 Bronco dr. St. Cloud Fl 34771				Street Add	drone (D.O. Bay Number is Not Assentable)	Di		
				Street Add	dress (P.O. Box Number is Not Acceptable)			
01. OLOOD (L 04//)			83					
			84	City		loc Zir	Code	
			0.	City	Fl	_ 85 Zip	Code	
SIGNATURE	familiar with, and accept the obligate				uired when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	<u> </u>		Change	☐ Addition	
NAME	DAMPIER, GARY		1.2 NAME					
STREET ADDRESS	2490 BRONCO DR.		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	ST. CLOUD FL 34771		1.4 C(TY-	S1-ZIP		_		
TITLE	D	☐ DELFTE	2.1 TITLE			Change	Addition	
NAME	DAMPIER, LINDA		2.2 NAME					
STREET ADDRESS	2490 BRONCO DR.		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	ST. CLOUD FL 34771		2. 4 CITY	ST-ZIP	-	-	1 4 4 4 9 1	
TITLE		DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			1	T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE	SI-ZIP		Change	Additio	
NAME		CJ DECEN	4. 2 NAM	:				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE	-	5000026063	C hange	Addition	
NAME			5.2 NAME		-08/04/9801016 -0	0 9		
STREET ADDRESS			5.3 STREE	1 ADDRESS	***550.00			
CITY-ST-ZIP	<u>.</u>		5.4 CITY-	ST-ZIP				
TYTLE		☐ DELETE	6.1 THILE			Change	Addition	
NAME			6.2 NAME				29	
STREET ADDRESS			6.3 STREE	T ADDRESS			7.29	
CITY-ST-ZIP		·	6.4 CITY-		0 0 40 05/00/0 51		• •	
indicated of officer or o	ertify that the information supplied with on this annual report or supplemental a director of the corporation or the receiver or Block 13 if changed, or on an attach	annual report is true and acc rer or trustee empowered to	or the exem curate and the execute this	otion stated in hat my signati report as rec	n Section 119.07(3)(i), Florida Statutes. I further o lure shall have the same legal effect as if made u quired by Chapter 607, Florida Statutes; and that	ertily that th nder oath; ti my name a	ne information hat I am en ippears in	