

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90205 007 \*\*\*150.00

**DOCUMENT # P97000105605**

1. Corporation Name

**DAVID FLINT MASONRY, INC.**



Principal Place of Business

13605 EAGLE RIDGE DRIVE  
UNIT 1714  
FORT MYERS FL 33912

Mailing Address

13605 EAGLE RIDGE DRIVE  
UNIT 1714  
FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/01/1998**

2. Principal Place of Business

**21 9231 MIDDLE OAK DR**

2a. Mailing Address

**26 9231 MIDDLE OAK DR**

Suite, Apt. #, etc.

**22**

City & State

**23 FORT MYERS FL**

Zip Country

**24 33912 25**

Suite, Apt. #, etc.

**27**

City & State

**28 FORT MYERS FL**

Zip Country

**29 33912 30**

4. FEI Number

**650398028**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 *N/A David Flint*  
Signature, typed or printed name of registered agent and title if applicable

*David Flint*  
(NOTE: Registered Agent signature required when reinstating)

*4-22-99*  
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **HYNES, STEPHEN M**  
STREET ADDRESS **13605 EAGLE RIDGE DR, UNIT 1714**  
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **VSDT** ☐ DELETE  
NAME **FLINT, DAVID**  
STREET ADDRESS **13605 EAGLE RIDGE DR, UNIT 1714**  
CITY-ST-ZIP **FORT MYERS FL 33912**

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 ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **9231 MIDDLE OAK DR**  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **9231 MIDDLE OAK DR**  
2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *David Flint* **David Flint** *4/27/99* **(941) 481-5844**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)