

\$150.00-\$150.00

02251999-90014-015

\$150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000016938

1. Corporation Name
REECE MASONRY, INC.

Principal Place of Business
4818 REECE RD.
PLANT CITY FL 33567

Mailing Address
4818 REECE RD.
PLANT CITY FL 33567

2. Principal Place of Business
21 4818 REECE RD.
Suite, Apt. #, etc.

2a. Mailing Address
26 4818 REECE RD.
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

02/20/1998

59-3505355

Applied For
Not Applicable

22 27
City & State
23 PLANT CITY FL.

28 PLANT CITY FL

4. FEI Number
59-350355

\$8.75 Additional
Fee Required

Zip 24 33567
Country 25 HILLSBORO

Zip 29 33567
Country 30 HILLSBORO

5. Certificate of Status Desired

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. This corporation owes the current year, Intangible
Personal Property Tax.

Yes
 No

8. Name and Address of New Registered Agent

10. Name and Address of New Registered Agent

REECE, LARRY J
4818 REECE RD.
PLANT CITY FL 33567

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 officer 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REECE, LARRY J		1.2 NAME
STREET ADDRESS	4818 REECE RD.		1.3 STREET ADDRESS
CITY-ST-ZIP	PLANT CITY FL 33567		1.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REECE, WESLEY T		2.2 NAME
STREET ADDRESS	4818 REECE RD.		2.3 STREET ADDRESS
CITY-ST-ZIP	PLANT CITY FL 33567		2.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REECE, AARON M.		3.2 NAME
STREET ADDRESS	4818 REECE RD.		3.3 STREET ADDRESS
CITY-ST-ZIP	PLANT CITY FL 33567		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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:

SIG M REECE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99 (94)644-0230

Date

Daytime Phone #