1092

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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

99 JUN 28 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000018996

1. Corporation Name
DAVID L. MASON ENTERPRISES, INC.

Principal Place of Business
3055 TURTLE BROOKE
CLEARWATER, FL 33761

Mailing Address
3055 TURTLE BROOKE
CLEARWATER, FL 33761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/26/1998

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

4. FEI Number
59-3508151
☐ 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 ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**
R. ALAN HIGBEE, ESQ.
FOWLER, WHITE, GILLEN, BOGGS, ET. AL.
501 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602 US

**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 _____ DATE
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ☐ DELETE | 1.1 TITLE | ☐ Change ☒ Addition |
| NAME | | 1.2 NAME | P/S/T/D |
| STREET ADDRESS | | 1.3 STREET ADDRESS | MASON, DAVID L. |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | 3055 TURTLE BROOKE CLEARWATER, FL 33761 |
| TITLE | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 700000291787 7—2 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ 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.

**SIGNATURE:** David L. Mason DAVID L. MASON 6/24/1999 (727) 781-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

2 of 2

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 289151 4326591

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 550.00

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ORDER DATE : June 28, 1999

ORDER TIME : 1:58 PM

ORDER NO. : 289151-005

CUSTOMER NO: 4326591

CUSTOMER: Amy Eckard, Legal Assistant
Fowler White Gillen Boggs
Suite 1700
501 East Kennedy Boulevard
Tampa, FL 33602

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ANNUAL REPORT FILING

NAME: DAVID L. MASON ENTERPRISES, INC.

RECEIVED
99 JUN 23 PM 3:56

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: James Guy

EXAMINER'S INITIALS: _____