PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90058 023 ***150.00

DOCUMENT # POPOOOQ4711

1. Corporation Name TRIPLE B MASONRY, INC.													
Principal Place of	Business	Mailing Address					1	i touiten in inter ruit adire bett	,, 65-44 66 418				
3850 S.E. 219TH AVE. P.O. BOX 430 MORRISTON FL 32668 MORRISTON FL 32668							DO NOT WRITE IN THIS SPACE						
							1	Date Incorporated or Qualifed 03/16/1998					
2. Principal Place	of Business	2a. Mailing Addr	ess		_		4.	FEI Number		<u></u>	Applied For		
21		26					\Box	9-3497921			Not Applicabl		
Suite, Apt. #, 6	olc.	Suite, Apt. #	, etc.				5.	Certificate of Status Desired	□ .		5 Additional e Required_		
City & State		City & State						Election Campaign Financing Trust Fund Contribution		•	00 May Be led to Fees		
Zip 24	Country	Zip 29		Country	-	7.04737		This corporation owes the curre Personal Property-Tax.	ent year in	tangible (D)Yes			
	9. Name and Address of Cu				_		10.	Name and Address of New R	egistered	Agent			
BACKLII 3850 S.	nie, William E. 219TH äve. Ston fl. 32668			81		Name Street Addre	ss (P	O. Box Number is Not Acceptal	ble)				

2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	lled For
21		26			T9-3497971	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22	_	27				Fee Re	driteq_
City & State	9	City & State			6. Election Campaign Financing	, \$5.00 ·	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current		
24	25) =		Personal Property-Tax.		<u> </u>
	9. Name and Address of Curren	t Registered Agent	二匚		10. Name and Address of New Regi	stered Agent	
			81	Name			
• ·	KLINIE, WILLIAM		82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	S.E. 219TH AVE.		[]				
MOR	RISTON FL 32668		83			•	[
			84	Dib.		85 Zip C	ode
				City		FL ()	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	named corpo	ration submits this statement for the pur	ose of changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	or Fiorida. Such change was autr	IONZEG DV	(De coluction)	's board of directors. I hereby accept th	a abboundant as red	istorou
SIGNATURE	Signature, typed or printed name of registered agen	I and title if applicable. (NOTE Re	gistered Agen	i signature required i	when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12
TITLE	DP	☐ DELETE	1.1 THLE			☐ Change	Addition
NAME	BACKLINIE, WILLIAM		1.2 NAME				1
STREET ADDRESS	P.O. BOX 430 (NA)		1.3 STREET	AODRESS			ļ
	MORRISTON FL 32668		1.4 CITY-S1				1
CITY-ST-ZIP	DV	DELETE	2.1 TITLE			Change	Addition
TITLE	- '		2.2 NAME	ı		_	į
NAME	BACKLINIE, DEBRA		2.3 STREET	*******			
STREETADORESS	P.O. BOX 430 (NA)	1	1	, i	and the second second second second		_ 1
CITY-ST-ZIP	MORRISTON FL 32668	DELETE	2.4 CITY-S 3.1 TITLE	1.20		☐ Change	☐ Addition
TITLE		C bereie		ł		Д· V	_
NAME			32 NAME				ļ
STREET ADDRESS			3.3 STREET	ADDRESS			ľ
CITY-ST-ZP			3.4. CITY-S	T-ZIP	<u> </u>	[7] Change	Addition
·MTLE - warning			4.1 TITLE		and the same of th		
HAME			4.2 NAME				j
STREET ADDRESS			4.3 STREET	ADDRESS			İ
CITY-ST-ZIP			4.4 CITY-SI	-ZIP		Chron	Addition
กมะ		☐ DELETE	5.1 TMLE			☐ Change	
NAME			52 NAME				ļ
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	•		63 STREET	ADDRESS			}
CITY-ST-ZIP			6.4 C/TY-ST				
14. I hereby o	ertify that the information supplied wit	th this filing does not qualify for th	e exempti	on stated in Se	ection 119.07(3)(i), Florida Statutes. I furi	ther certify that the In	formation

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.