

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90023 005 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P98000032356

1. Corporation Name  
**LEEMYER MASONRY, INC.**



Principal Place of Business  
 1691 HUNTER CREEK DRIVE  
 PUNTA GORDA FL 33982

Mailing Address  
 POST OFFICE BOX 1143  
 PUNTA GORDA FL 33951

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>10381 Tamiami Tr.</b>		2a. Mailing Address 26 <b>10381 Tamiami Tr.</b>		3. Date Incorporated or Qualified <b>04/08/1998</b>	
Suite, Apt. #, etc. 22 <b>Unit 12</b>		Suite, Apt. #, etc. 27 <b>Unit 12</b>		4. FEI Number <b>65-0826096</b>	
City & State 23 <b>Punta Gorda, FL</b>		City & State 28 <b>Punta Gorda, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33950</b>		Zip 29 <b>33950</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>Charlotte</b>		Country 30 <b>Charlotte</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MACRIS, STEVEN W</b> <b>609 SOUTH TAMiami TRAIL</b> <b>VENICE FL 34285</b>		10. Name and Address of New Registered Agent 81 Name <b>Stephan B. Widmeyer</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3871-A Tamiami Trail</b> 83 <b>Port Charlotte, FL 33952</b> 84 City <b>FL</b> 85 Zip Code	
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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 *Stephan B. Widmeyer* DATE **2-9-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMASTER, JEFFREY T</b>	1.2 NAME	
STREET ADDRESS	<b>1691 HUNTER CREEK DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33982</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYERS, HOWARD C JR.</b>	2.2 NAME	
STREET ADDRESS	<b>15507 MANGO DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33955</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULER, COLE C</b>	3.2 NAME	
STREET ADDRESS	<b>4206 WESLEY LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PORT FL 34287</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, RONALD D</b>	4.2 NAME	
STREET ADDRESS	<b>5497 LADY SLIPPER AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PORT FL 34286</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, TRICIA S</b>	5.2 NAME	
STREET ADDRESS	<b>5497 LADY SLIPPER AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PORT FL 34286</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMASTER, PEGGY H</b>	6.2 NAME	
STREET ADDRESS	<b>1691 HUNTER CREEK DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33982</b>	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:

*Tricia S. Murray* Vice President 1-19-99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**941-575-7803**

CR2E034 (11/98)