

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

<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 # P98000045080**

1. Corporation Name

**MASON'S CONCRETE WORK, INC.**

Principal Place of Business

**4610 BROOK STREET  
COLEMAN FL 33521**

Mailing Address

**4610 BROOK STREET  
COLEMAN FL 33521**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/15/1998**

4. FEI Number

**59-3518877**Applied For  
Not Applicable5. 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

2. Principal Place of Business

21. Suite, Apt. #, etc.

23. City &amp; State

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City &amp; State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**MASON, ROGER L  
4610 BROOK STREET  
COLEMAN FL 33521**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PSTD  
MASON, ROGER L  
4610 BROOK STREET  
COLEMAN FL 33521**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD  
MASON, GROVER W  
P O BOX 53  
COLEMAN FL 33521**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PSTD  
MASON, GROVER W  
P O BOX 53  
COLEMAN FL 33521****PSTD  
MASON, GROVER W  
P O BOX 53  
COLEMAN FL 33521****PSTD  
MASON, GROVER W  
P O BOX 53  
COLEMAN FL 33521****PSTD  
MASON, GROVER W  
P O BOX 53  
COLEMAN FL 33521**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**B. 3/17/99 99AR**

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)