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

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P98000093353

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90155 016 ***150.00

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STEVE 8	TERRY MASONRY INC.						
Principal Place	e of Business	Mailing Address				111 E0110 10100 11100 11101	EISER SIIT IARI
3404 PRUDENC		3404 PRUDENCE DRIVE					
SARASOTA FL 34235-6622 SARASOTA FL 34235-6622				DO NOT WRITE II	N THIS SDACE		
					3. Date Ir corporated or Qualifed	TINIS SPACE	- -
					11/02/1998		
2 Principa Pi	ace of Business	2a. Mailing Address			4, FEI Number	Ap	clied For
— ·	ace of business	26			650873292		t Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.				\$8.75	
22	., 0.0.	27			5. Certifcate of Status Desired	Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	c Fees
Zip	Country	Zip	Country		8. This or rporation owes the current		/
24	25		10		Personal Property Tax.	☐ Yes	<u>I</u> Mo
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regi	stered Agent	_
COL	INC TEDDY		81	Name			
	lins, terry Prudence drive		82	Street #	Acdress (P.O. Box Number is Not Acceptable)		
	ASOTA FL 34235-6622						
SAID	4001A 1 E 34233-0022		83				5
			84	City		FL 85 Zip C	Code
					corporation submits this statement for the purp		ragistared
office crit	egistered agent, or bo h, in the State m familiar with, and accept the obliga	of Florida. Such change was aut ations of, Section 607.0505, Florid	horized by da Statutes	tne corpo	oration's board of cirectors. I hereby accept in	e appointment as re	g:stered
	Signature, typed or printed na ne of registered age	 	- -	I signature re	ADDITI()NS/CHANGES TO OFFICE		E'S IN 12
TITLE	PD OFFICERS AF	DELETE	13.	Т	ADDITICING/OFFIANOES TO OFFICE	Change	Addition
	COLLINS, TERRY	J	1,2 NAME				
NAME	3404 PRUDENCE DRIVE		1.3 STREET	ADDRESS			
STREET ADDRESS	SARASOTA FL 34235-6622		1.4 CITY-S	- 1			}
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	SOMMERS, STEPHEN		2.2 NAME				
STREET ADDRESS	2709 MARLETTE ST		2.3 STREET	ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34231		2. 4 CITY-S	- 1			
TITLE	<u> </u>	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			32 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			34. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME	-			
STREET ADDRE SS			4.3 STREET	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			52 NAME				
STREET ADORE IS			5.3 STREET	ADDRESS			
CITY-ST-ZIP		_	5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				i
STREET ADDRESS			6.3 STREET				j
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			

14. I hereby certify that the information supplied with this filling 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 anticipation with an address, with a Lother like empowered.

SIGNATURE: