

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
• AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000107371

1. Corporation Name
CARTER MASONRY INC.

Principal Place of Business
11250 OLD ST AUGUSTINE RD. STE 15-390
JACKSONVILLE FL 32257

Mailing Address
11250 OLD ST AUGUSTINE RD. STE 15-390
JACKSONVILLE FL 32257

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

99 SEP 29 PM 12:27



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 6110-4 Powers Ave.
Suite, Apt. #, etc.

2a. Mailing Address
26 6110-4 Powers Ave.
Suite, Apt. #, etc.

23 Jacksonville, FL
24 32217
25 USA

27 Jacksonville, FL
28 32217
29 USA

3. Date Incorporated or Qualified
12/22/1998

4. FEI Number
59-3547659

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 the current year
Intangible Personal Property. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

ROWE & ROWE, P.A.
9471 BAYMEADOWS RD
SUITE 203
JACKSONVILLE FL 32256

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 NAME
1.2 STREET ADDRESS
1.3 CITY-STATE-ZIP
1.4 TITLE
1.5 NAME
1.6 STREET ADDRESS
1.7 CITY-STATE-ZIP
1.8 TITLE
1.9 NAME
1.10 STREET ADDRESS
1.11 CITY-STATE-ZIP
1.12 TITLE
1.13 NAME
1.14 STREET ADDRESS
1.15 CITY-STATE-ZIP
1.16 TITLE
1.17 NAME
1.18 STREET ADDRESS
1.19 CITY-STATE-ZIP
1.20 TITLE

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Price \$

0126841

CR2E034 (5/99)

CARTER MASONRY, INC.

6110-4 POWERS AVE
Jacksonville, Florida 32217

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 1999 Corporation Annual Report

Gentlemen:

Enclosed please find our completed 1999 Corporate Annual Report. We are enclosing payment in the amount of \$150.00 (the original fee), due to the fact that the 1st notice of the report was not received by our office. We do not know the reason that the original report was not received; however, we request that the penalty be waived due to reasonable cause.

If you have any questions about the above, please do not hesitate to contact us. Thank you for your consideration in this matter.