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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90037 047 ***150.00

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DOCUMENT #	· > 21/11/

4. 0	EN # 521/01						
1. Corporation N. ELI TROYE	R MASONRY, INC.						
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		Mailing Address					
Principal Place o		201 JACOBS LN					
201 JACOBS LANI	E 040	SARASOTA FL 34240		DO NOT WRI	TE IN THIS SPA	CE	
SARASOTA FL 34	240	US		3. Date Incorporated or Qualifed			
00				12/13/1990			
,				4. FEI Number		Applie	d For
2. Principal Plac	of Business	2a. Mailing Address	ero Drive			Not A	pplicable
	Canchero Urive	26 10.13 Manch	ero Drive		\$	8.75 Add	
Suite, Apt. #,		Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Requ	
22		City & State		6. Election Campaign Financing		\$5.00 Ma	
City & State	1 1 1	28 Sarasota F	lorida	Trust Fund Contribution		Added to F	ees
23 Saras	ota florida	Zip	Country	8. This corporation owes the cur	rrent year Intang	ible ∣Yes □	No
Zip	Country	29 34240 30	$1 \mu S = $	Personal Property Tax.			
24 34246	9. Name and Address of Curren			10. Name and Address of New	Registered Age		
	9. Name and Address of Curto.		81 Name	IT Trover Jr	<u> </u>		
TROY	er, eu, jr.		82 Street Add	ress (P.O. Box Number is Not Accept	table)		
	ACOBS LN		1073	Ranchero Drive	<u>-</u>		
	SOTA FL 34240		83	unta Floroda			
) Oran			84 City	12012	El	85 Zip Co	de 2 (1/A
				num Sota	<u> </u>	anging its re	edistered
			<u> </u>	VV 000 0	a number of ch		
L	the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above-named cor	poration submits this statement for the	ne purpose of cha cept the appointn	nent as regi	stered : \
11. Pursuant t	o the provisions of Sections 607.05 ogistered agent, or both, in the State	02 and 607.1508, Florida Statutes e of Florida. Such change was aut	, the above-named corporation of the corporation of	poration submits this statement for the	ne purpose of chept the appointn	ment as regi	stered 1
11. Pursuant t office or re agent. I an	n familiar with, and accept the oblig	pations of, Section 607,0505, F1000	NU N	6/	ne purpose of cheept the appoints	nent as regi	stered
agent. I an	familiar with, and accept the oblig Pres. FLF TVo	pations of, Section 607,0505, Florid yeht and title if applicable. (NOTE: R	egistered Agent signature requir	b/	DATE	20 /	<u>_</u>
SIGNATURE	familiar with, and accept the oblig Pres. FLF TVo	pations of, Section 607,8505,F1870 Jeht and title if applicable. (NOTE: R	egistered Agomosignature regular	6/	DATE OFFICERS AND	20 /	S IN 12
signature	familiar with, and accept the oblig Pres. FLF TVo	pations of, Section 607,0505, Florid yeht and title if applicable. (NOTE: R	egistered ApperSignature regular 13. 1.1 TITLE	b/	DATE OFFICERS AND	DIRECTOR	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered eg OFFICERS A D TROYER, ELI, JR. 201 JACOBS LN	pations of, Section 607 95057 1970 JEV 3 (NOTE: R UND DIRECTORS	egistered Approxignature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	b/	DATE DEFICERS AND	DIRECTOR	RS IN 12
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I findle certify that the 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 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 appeal block 12 or Block 13 if changed, or an an attachment with an address, with all other like empowered.

SIGNATURE: