

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # S22696 (6)		
1. Corporation Name JUDE ALSANDOR MASONRY, INC.		

APPROVED
AND
FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1216 MCCLENDON DR. TALL FL 32308 US	Mailing Address 1216 MCCLENDON DR. TALL FL 32308 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26 P.O. Box 14302		3. Date Incorporated or Qualified 01/04/1991	3a. Date of Last Report 02/03/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3041688	Applied For Not Applicable
22 City & State		27 City & State Tallahassee FL		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Country		29 Country		8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes ☒ Yes ☐ No	

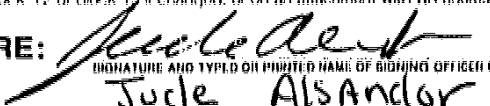
9. Name and Address of Current Registered Agent HAUGDAHL, ERIC J. 922 EAST LAFAYETTE ST. SUITE F TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. 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 _____
(Signature, type or printed name of registered agent and file it again below) (By NE Registered Agent signature required after modification) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME ALSANDOR, HENRY JUDE	1. TITLE ☐ Change ☐ Addition	
STREET ADDRESS 1216 MCCLENDON DR.		2. NAME	
CITY, ST, ZIP TALLAHASSEE FL		3. STREET ADDRESS	
		4. CITY, ST, ZIP	☐ Change ☐ Addition
		5. TITLE	
		6. NAME	
		7. STREET ADDRESS	
		8. CITY, ST, ZIP	☐ Change ☐ Addition
		9. TITLE	
		10. NAME	
		11. STREET ADDRESS	
		12. CITY, ST, ZIP	☐ Change ☐ Addition
		13. TITLE	
		14. NAME	
		15. STREET ADDRESS	
		16. CITY, ST, ZIP	☐ Change ☐ Addition
		17. TITLE	
		18. NAME	
		19. STREET ADDRESS	
		20. CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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
Jude Alsandor
(4-10-95) 904-545-4104