

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S24806 (9)

1. Corporation Name

G & F MASONRY, INC.



Principal Place of Business

Mailing Address

**847 HAWD AVENUE
SARASOTA FL 34232
US**

**847 HAWD AVENUE
SARASOTA FL 34232
US**

3. Date Incorporated or Qualified
01/14/1991

3a. Date of Last Report
06/09/1995

2. Principal Place of Business

2a. Mailing Address

21 5789 Hagerman Rd

26 5789 Hagerman Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Sarasota, FL

28 Sarasota, FL

Zip

Country

Zip

Country

24 34232

25 Sarasota

29 34232

30 Sarasota

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOK, RUTH
5421 15TH ST. EAST
BRADENTON FL**

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 the applicable)

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPV** ☐ DELETE
NAME **KOCH, FAITH C.**
STREET ADDRESS **847 HAWD AVENUE**
CITY-STATE-ZIP **SARASOTA FL**

TITLE **ST** ☐ DELETE
NAME **KOCH, FAITH C.**
STREET ADDRESS **847 HAWD AVENUE**
CITY-STATE-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ DELETE
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME **Faith C. Frost**
13 STREET ADDRESS **5789 Hagerman Rd**
14 CITY-STATE-ZIP **Sarasota, FL 34232**

21 TITLE ☒ Change ☐ Addition
22 NAME **Faith C. Frost**
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24 CITY-STATE-ZIP **Sarasota, FL 34232**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Faith C. Frost, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96

941-373-0497

Date

Daytime Phone #

CR2E034 (3/96)