

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S35265** (5)

1. Corporation Name
JEFFREY CREEL MASONRY, INC.

Principal Place of Business
**539 TIMBERCREST LANE
ORANGE PARK FL 32073**

Mailing Address
**539 TIMBERCREST LANE
ORANGE PARK FL 32073**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -9 AM 9:23

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/04/1991

3a. Date of Last Report
05/19/1994

4. FBI Number
59-3053592

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**WOLFE, WAYNE A
3733 UNIVERSITY BLVD W
SUITE 106
JACKSONVILLE FL 32217**

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

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 reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE
D

NAME
CREEL, JEFFREY

STREET ADDRESS
539 TIMBERCREST LANE

CITY - ST - ZIP
ORANGE PARK FL

TITLE
VP

NAME
WILLIAM H. TYSON.

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
WILLIAM H. TYSON JR

2.3 STREET ADDRESS
3186 POTOMAC AVE.

2.4 CITY - ST - ZIP
ORANGE PARK FL 32065

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
WILLIAM R. PARKER

3.3 STREET ADDRESS
3511 PINECREST ST

3.4 CITY - ST - ZIP
JAX. FL 32205

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeffrey Creel* *Jeffrey Creel* **5-22-95 904.**
(Type and typed or printed name of signing officer or director) (Date) (Daytime Phone #)