FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$50943

L.D.H. MASONRY, INC.

Principal Place of Business

FILED								
Jun 16 1997 8	:00am							
Secretary of	State							

Principal Place of Business Mailing Address		T SHOULDED TO DESILY BOILD HERLY DIDDO LIIN DIBLY DIDIN DIDIN DIDIN DIDIN DIDIN DIDIN						
3435 REYNOLDS WOOD DR TAMPA FL 33618 US		3435 REY	LDH MASONRY INC 3435 REYNOLDS WOOD DR TAMPA FL 33618-2113					
,		US				3. Date Incorporated or Qualified 05/06/1991	3a. Date of Last Report 06/04/1996	
	lace of Business	2a. Maili	ng Address			4. FEI Number	Applied For	
21		26				59-3064780	Not Applicable	
Sulte, Apt.	#, etc.	⊢ ⊢	, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 City & State		27	& State				Fee Required	
23	5		o Statu			6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28		Countr		Trust Fund Contribution	Added to Fees	
24	25	29	30		y	8. This corporation has liability for in	intangible tax under s. 199.032, Yes No	
[27]	9, Name and Address of		Agent	[U		10. Name and Address of New Re		
HUN	TER JR., LARRY D.			81	Namo		3	
	ROCKLEDGE CIRCLE							
	PA FL 33624			82	Street	Address (P.O. Box Number is Not Acceptable	ole)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			83	1			
				L				
				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 regis	,				c required when reinstalling)	DATE	
12.		RS AND DIRECTORS		13.	hur officion	ADDITIONS/CHANGES TO OFFIC		
TITLE	DP .	, , , , , , , , , , , , , , , , , , , ,	DELETE	1.1 TITLE			Change Addition	
NAME	HUNTER, LARRY D., JR.			1.2 NAME				
STREET ADDRESS	3435 REYNOLDS WOOD	DR		1.3 STREE	1 ADDRESS		· [8	
CITY-ST-ZIP	TAMPA FL			1.4 CITY-1	ST-ZIP		[5	
TITLE	PV8		DELETE	21 TITLE			Change Addition	
NAME	Hunter, ann			22 NAME				
STREET ADDRESS	ss 3435 REYNOLDS WOOD DR			2 3 STREE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL			2. 4 CiTY-	ST-ZIP			
TITLE			DELETE	3 1 TITLE			Change Addition	
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	T ADDRESS			
CITY-ST-ZIP				3.4. CITY -	\$1- <i>2</i> IP			
TITLE			DELETE	4.1 TITLE			Change Addition	
NAME				4. 2 NAME				
STREET ADDRESS			•	4.3 STREET	T ADDRESS			
CITY-ST-ZIP				4.4 CiTY - 5	ST - ZIP			
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME				5.2 NAME			1	
STREET ADDRESS				5.3 STREET	r address		!	
CITY-ST-ZIP				5.4 CHY-5	51 - ZIP			
TITLE			☐ DELETE	6.1 TrTLE			Change Addition	
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY - S	ST-ZIP			

14. I do 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.