

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

S80341

(8)

1. Corporation Name

VARIETY MASONRY, INC.



Principal Place of Business

**3807 N. 53RD ST.
TAMPA FL 33619**

Mailing Address

**3807 N. 53RD ST.
TAMPA FL 33619**

3. Date of Incorporation or Qualified

09/13/1991

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3087301

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

Country

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RILEY, WILLARD
3802 N. 53RD ST.
TAMPA FL 33619**

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 (if not applicable) (2007) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **DAVIS, EUGENE (CHM)**
STREET ADDRESS **3807 53RD ST.**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **D** ☐ DELETE
NAME **DAVIS, JULIUS (V-CHM)**
STREET ADDRESS **3602 N. 53RD ST.**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **D** ☐ DELETE
NAME **RILEY, WILLARD (V-CHM)**
STREET ADDRESS **3802 53RD ST.**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS

14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS

**800001911428
-08/02/96--01031--036
***225.00**

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Willard Riley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-96

622-7777

CR2E034 (12/95)