

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V36544 (7)

To: Corporation Name

B & R MASONRY INC.

Principal Place of Business

**2553 DERBY DR
DELTONA FL 32738**

Mailing Address

**2553 DERBY DR
DELTONA FL 32738**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/15/1992** 3a. Date of Last Report **08/15/1994**

4. FEI Number **59-3132828** 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

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

2. Principal Place of Business

21 Suite Apt # etc

2a. Mailing Address

26 Suite Apt # etc

22 City & State

27 City & State

23 ZIP

28 ZIP

24 Country

29 Country

9. Name and Address of Current Registered Agent

**BOURKE, KEVIN A.
2553 DERBY DR
DELTONA FL 32738**

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 607.0302 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.0305, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1 NAME **D BOURKE, KEVIN A.**
2 STREET ADDRESS **2553 DERBY DR**
3 CITY, ST, ZIP **DELTONA FL**

4 NAME **D ROBINETTE, THOMAS**
5 STREET ADDRESS **10 S SHELL RD**
6 CITY, ST, ZIP **DEBARY FL**

7 NAME
8 STREET ADDRESS
9 CITY, ST, ZIP

10 NAME
11 STREET ADDRESS
12 CITY, ST, ZIP

13 NAME
14 STREET ADDRESS
15 CITY, ST, ZIP

16 NAME
17 STREET ADDRESS
18 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

19 NAME ☐ Change ☐ Addition
20 STREET ADDRESS
21 CITY, ST, ZIP

22 NAME **D** ☒ Change ☐ Addition
23 STREET ADDRESS **THODRE WALKER**
24 CITY, ST, ZIP **3501 MERRY WEATHER DR.**
25 **ORLANDO, FL. 32812**

26 NAME ☐ Change ☐ Addition
27 STREET ADDRESS
28 CITY, ST, ZIP

29 NAME ☐ Change ☐ Addition
30 STREET ADDRESS
31 CITY, ST, ZIP

32 NAME ☐ Change ☐ Addition
33 STREET ADDRESS
34 CITY, ST, ZIP

35 NAME ☐ Change ☐ Addition
36 STREET ADDRESS
37 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 191.07(3)(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 on Block 12 of this filing. I do hereby attach an attachment with an address.

SIGNATURE:

KEVIN A. BOURKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-95

904-360-8907
Telephone Number

APPROVED
AND
FILED

5 MAY 15 11 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA