

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S19602 (9)

1. Corporation Name

SKILLED MASONRY, INC.



Principal Place of Business

14355 CRISTOBAL ST
FT MYERS FL 33905

Mailing Address

14355 CRISTOBAL ST
FT MYERS FL 33905

3. Date Incorporated or Qualified
01/01/1991

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 9845 Citadel Ln.

27 9845 Citadel Ln.

4. FEI Number
65-0233962

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt. #205

27 Apt. #205

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Bonita Springs, FL

28 Bonita Springs, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33923

25 USA

29 33923

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAWFORD, MARK
14355 CRISTOBAL ST
FT MYERS FL 33905

81 Name

Crawford, Mark

82

Street Address (P.O. Box Number is Not Acceptable)

9845 Citadel Lane

83

Apt. #205

84

Bonita Springs

FL

85 Zip Code

33923

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☐ DELETE

NAME CRAWFORD, MARK
STREET ADDRESS 14355 CRISTOBAL ST
CITY-STATE-ZIP FT MYERS FL

TITLE DVS ☐ DELETE

NAME CRAWFORD, CREIGHTON
STREET ADDRESS 27236 MORGAN RD
CITY-STATE-ZIP BONITA SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

DPT

Crawford, Mark

9845 Citadel Lane, Apt. #205

Bonita Springs, FL 33923

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: Mark Crawford - Mark Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96
Date

(941) 498-2326
Daytime Phone #

CR2E034 (12/95)