Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00:May-Be:

Added to Fees

Yes

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S196 1. Corporation Name SKILLED MASONRY, TILE AND					
Principal Place of Business	Mailing Address			i IMBildia iai riara inita attit abtia tibi are) WIWII #>#!
10570 WOODCHUCK LANE BONITA SPRINGS FL 34135	10570 WOODCHUCK LANE BONITA SPRINGS FL 3413: US			DO NOT WRITE IN TH	IIS SPACI
				3. Date Incorporated or Qualifed 01/01/1991	
2. Principal Place of Business 2a. Mailing Address 26				4. FEI Number 65-0233962	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.
City & State	City. & State	-2		-6-Election Campaign Financing Trust Fund Contribution	\$5 Ac
Zip Country	Zip 29	Country 30	'	This corporation owes the current year Personal Property Tax.	Intangible
	Current Registered Agent			10. Name and Address of New Register	ed Agent
CRAWFORD, MARK 10570 WOODCHUCK LANE		81	. 10	ddress (P.O. Box Number is Not Acceptable)	
BONITA SPRINGS FL 34135		83			
		84			L 85
Pursuant to the provisions of Sections of office or registered agent, or both, in the agent. I am familiar with, and accept the	e State of Florida. Such change was a	iutnorizea di	the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changi pointment
SIGNATURE Signature, typed or printed name of regis	stered agent and title if applicable. (NOTE	: Registered Age	nt signature ree	quired when reinstating) DATE	
	ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIR
1			-		

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90071 022 ***150.00



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			84		FL		Zip Co						
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 reinstating) DATE													
12. OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	DPT	DELETE	1.1 TITLE			☐ Cha		Addition					
NAME	CRAWFORD, MARK	_	1.2 NAME										
STREET ADDRESS	10570 WOODCHUCH LANE			TADDRESS									
	BONITA SPRINGS FL		1.4 CITY-S										
CITY-ST-ZIP	DVS	☐ DELETE	2.1 TITLE)-ZIF		☐ Cha	nge	Addition					
NAME	CRAWFORD, CREIGHTON		2 2 NAME	-				1					
STREET ADDRESS	27236 MORGAN RD			T ADDRESS									
	BONITA SPRINGS FL		2. 4 CITY-S					Ì					
CITY-ST-ZIP	DOMIN OF MINOS 12	□ DELETE	3.1 TITLE	91-ZIF		☐ Cha	nge	Addition					
-NAME			32 NAME										
STREET ADDRESS		•		TADDRESS				ļ					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP									
TITLE		☐ DELETE	4.1 TITLE	-		☐ Cha	nge	Addition \					
NAME			4. 2 NAME										
STREET ADDRESS			4.3 STREE	T ADDRESS	•		•						
CITY-ST-ZIP			4.4 CITY- S	T-ZIP				77.4.155					
TITLE		DELETE	5.1 TITLE			Cha	nge	Addition					
NAME			5.2 NAME					j					
STREET ADDRESS				TADDRESS				ĺ					
CITY-ST-ZIP		<u></u>	5.4 CITY-S	T-ZIP				- addition					
TITLE		□ DELETE	6.1 TITLE	İ		☐ Çha	mge	Addition					
NAME			6.2 NAME										
STREET ADDRESS				TADDRESS									
CITY-ST-ZIP	at a late in the second	dana mat gualific fan th	6.4 CITY-S		in Section 119.07(3)(i), Florida Statutes. I further certi	fv thet	the infe	rmation					
14. I hereby o	certify that the information supplied with this filing	does not quality for the	e exempt	ion stated	in Section 119.07(S)(I), Florida Statules, I lutinel Certi	y uidl	410 11110	minauon					

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, with all other like empowered.

SIGNATURE: