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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L75151

1. Corporation Name
JIM'S CONCRETE OF BREVARD, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 C/O JAMES J. JACOBSEN C/O JAMES J. JACOBSEN
 1434 NORMAN ST. UNIT 4 1434 NORMAN ST. UNIT 4
 PALM BAY FL 32907 PALM BAY FL 32907

3. Date Incorporated or Qualified
05/21/1990

4. FEI Number Applied For
59-3018005 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **6869 Phillips Parkway Dr. S.** 26 **6869 Phillips Parkway Dr. S.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
 23 **Jacksonville 71** 28 **Jacksonville 71**
 Zip Country Zip Country

24 **32256** 25 29 **32256** 30

9. Name and Address of Current Registered Agent
JACOBSEN, JAMES J
1434 NORMAN STREET
PALM BAY FL 32907

10. Name and Address of New Registered Agent
 81 Name **James J. Jacobsen**
 82 Street Address (P.O. Box Number is Not Acceptable)
6869 Phillips Parkway Dr. S.
 83
 84 City **Jacksonville** FL 85 Zip Code **32256**

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 **JAMES JACOBSEN, PRESIDENT** DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PDST <input type="checkbox"/> DELETE
NAME	JACOBSEN, JAMES
STREET ADDRESS	172 CATTAIL CIRCLE
CITY-ST-ZIP	JACKSONVILLE FL 32259
TITLE	VP <input type="checkbox"/> DELETE
NAME	JACOBSEN, LISA
STREET ADDRESS	172 CATTAIL CIRCLE
CITY-ST-ZIP	JACKSONVILLE FL 32259
TITLE	VP <input type="checkbox"/> DELETE
NAME	SCHROEDEL, MICHAEL
STREET ADDRESS	11073 ASHFORD GABLE PLACE
CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	VP <input type="checkbox"/> DELETE
NAME	ARRINGTON, DANNY
STREET ADDRESS	1774 CEDARWOOD DR
CITY-ST-ZIP	MELBOURNE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ARRINGTON, DANNY
4.3 STREET ADDRESS	2735 Nobility Ave.
4.4 CITY-ST-ZIP	MELBOURNE, FL 32904
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JACOBSEN, HARRY O.
5.3 STREET ADDRESS	1541 SUNSET DRIVE
5.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **JAMES JACOBSEN, PRESIDENT** DATE _____ DAYTIME PHONE # **904 886-4743**

CR2E034 (1/198)