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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13533

(5)

ATLANTIC CONCRETE PRODUCTS, INC.

FILED Apr 02 1997 8:00am Secretary of State

I TRELIDUI INI ITUKA HILU:	MINUM MANUS CALL MANAGE	

	Business	1701 MYRTLE AVE. SARASOTA FL 34234-481  2a. Mailing Address  26  Suite, Apt. #, etc.	17		,	Date incorporated or Qualified	3a. Dat	e of Last F	eport
21   Suite, ApI #, etc. 22   City & State 23   Zip 24   9,	Business	26				3. Date incorporated or Qualified	3a. Dat	e of Last F	'eport
21   Suite, ApI #, etc. 22   City & State 23   Zip 24   9,	Business	26				03/10/1987	04/0	3/1996	
Suite, Api #, etc.  22 City & State  23 Zip  24						4. FEI Number 23-1706049		)—— <del>——————————————————————————————————</del>	oplied For ot Applicable
City & State  23  Zip  24  9.		27			, , , , , , , , , , , , , , , , , , ,	5. Certificate of Status Desired		\$8.75	Additional equired
Ζφ 24 <b>9.</b>		City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
9.	Country 25	Zip Country 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	lame and Address of Current					10. Name and Address of New Re	gistered A	gent	
DALLAS, E	.D.			81	Name				
	TLE AVENUE			82	Street Ad	dress (P.O. Box Number is Not Acceptab	Io\		
	FL 34234			83	<u> </u>	dress (F.O. box Hullinger is Not Acceptab		VIEW	
				84	City			<b>85</b> Zip	Code
					<u>L</u>	orporation submits this statement for the p	<u>FL</u>		-1-1-
agent Familians SIGNATURE	ar with, and accept the obligat	ions of, Section 607.0505, I	Florida S	Statute	S	ation's board of directors. I hereby accep		intment as	registered
Signat r	typed or printed name of registered agent			.,	ent signature rec	wired when reinstaling)	DATE		
12.	OFFICERS AND			3.		ADDITIONS/CHANGES TO OFFIC		Change	RS IN 12
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4076	THOFF, JOSEPH			2 NAME					
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City-SI-ZiP				64 CHY-	ļ				
14. I do hereby cert	fy that the information supplied	with this filing does not qua	alify for	the ex	emption stat	led in Section 119.07(3)(i), Florida Statute hat my signature shall have the same lega	s. I further	certify that	the

SIGNATURE: Sugh & C

ATURE AND A VPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

3-25-17

245-945-5600 Davinie Phone #