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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000037801 (5)**

1. Corporation Name
ED'S CONCRETE & STUCCO CO., INC.

Principal Place of Business	Mailing Address
5500 WHITE HERON LANE MELBOURNE FL 32934	5500 WHITE HERON LANE MELBOURNE FL 32934-9119

5500 White Heron Lane.

3. Date Incorporated or Qualified: 05/16/1994	3a. Date of Last Report: 10/10/1996
4. FEI Number: 59-3238690 Existing Number.	☐ 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 s. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 5500 White Heron Lane
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Melbourne.	City & State 28 Melbourne FL.
Zip / Country 24 FL. / 25 Brevard.	Zip / Country 29 32934 / 30 Brevard

9. Name and Address of Current Registered Agent

CARREIRO, EDMUND
5500 WHITE HERON LANE
MELBOURNE FL 32934

10. Name and Address of New Registered Agent

81 Name: Edmund Carreiro
82 Street Address (P.O. Box Number Is Not Acceptable): 5500 White Heron Lane
83
84 City: Melbourne. FL 85 Zip Code: 32934.

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: Edmund Carreiro 4/28/97.
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARREIRO, ED		1.2 NAME		
STREET ADDRESS	5500 WHITE HERON LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32934		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARREIRO, CHERYL		2.2 NAME		
STREET ADDRESS	5500 WHITE HERON LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32934		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Edmund Carreiro SIGNATURE REQUIRED (407) 254-8792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103239