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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000067308 (4)

HI-TEC CONCRETE, INC.

Principal Place of Business Mailing Address 3501 5TH ST SW 3501 5TH ST SW LEHIGH ACRES FL 33971 LEHIGH ACRES FL 33971 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0517225 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \square No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **GUDRUN M NICKEL PA** 350 5TH AVE SOUTH #200 NAPLES FL 33940 M Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provis office or registered a agent. I am familiar SIGNATURE name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PTD DELETE 1.1 TITLE Change Addition PAPADOPOULOS, GIOVANNI 1.2 NAME 3501 5TH STREET SW STREET ADDRESS 1.3 STREET ADDRESS LEHIGH ACRES FL 33971 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change \_\_\_ Addition DELETE TITLE 21 TITLE LINZALONE, PHILIP P NAME 2.2 NAME 3501 5TH STREET SW STREET ADDRESS 2 3 STREET ADDRESS LEHIGH ACRES FL 33971 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE Chance 3.1 TITLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP Y-ST-ZIP DELETE Change Addition ET ADDRESS STREET ADDRESS CITY-ST-ZIF DELETE Change Addition TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 6.1 THILE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE:

INZAlonE

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this tiling 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 slipplemental annual eport 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 of the receiver of 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 if on an attachment with an address.

FILED

Jan 28 1998 8:00am

Secretary of State