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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9400067308

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90027 001 \*\*\*150.00

HI-TEC (	CONCRETE, INC.							
D.:- :   DI	S Development	14-	Dias Address					<u> </u>
Principal Place			iling Address					•
3501 5TH ST SW								
US US							DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed	<del></del> _
							09/08/1994	
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number	Applied For
21		26					65-0517225	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				L 5 Certificate of Status Desired L L T T T	75 Additional
22		27					Fe	e Required
City & State	е	L,	City & State					. <b>00</b> May Be
		28					Trust Fund Contribution Ad	ded to Fees
Zip	Country	-	Zip	Cou	ntry		8. This corporation owes the current year Intangible	<b></b>
	25	29		30			Personal Property Tax.	□No
	9. Name and Address of Curren	t Regist	ered Agent		81	Name	10. Name and Address of New Registered Agent	
LIN2	ALONE PHILIP				] " ]	Manie		
3501 5TH ST SW					82 Street Add		ddress (P.O. Box Number is Not Acceptable)	
LEHIGH ACRES FL 33971					83			
					03			
					84	4 City FL 85 Zip Cod		Zip Code
11 Dureuant	to the provisions of Sections 607.050	2 and 60	7 1508 Florida Statut	es the a	hove	e-named co	progration submits this statement for the purpose of changing	a its registered
office or r	egistered agent, or both, in the State	of Florida	a. Such change was a	uthorized	l by	the corpora	ation's board of directors. I hereby accept the appointment	is registered
agent. I a	m familiar with, and accept the obligat	tions of,	Section 607.0505, FIG	nda Stati	nes.	•		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if	applicable (NOTE	: Registered	Agen	t signature regu	uired when reinstating) DATE	
12.	OFFICERS AN		~	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
TITLE	PTD		DELETE	1.1 70	1E		Cha	nge Addition
NAME	PAPADOPOULOS, GIOVANNI			1.2 NA	ME			
STREET ADDRESS	3501 5TH STREET SW			1.3 ST	REET	ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL 33971			1.4 CF	ry-st	r-zip	_	
TITLE	VSD		☐ DELETE	2.1 Ti	ī.E		☐ Cha	nge Addition
NAME	LINZALONE, PHILIP P			2.2 NA	ME	1		
STREET ADDRESS	3501 5TH STREET SW			2.3 ST	REET	ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL 33971			2.4 C	TY-S	T-ZIP	<del>-</del>	
TITLE			☐ DELETE	3.1 TIT	LE		☐ Cha	nge Addition
NAME				3.2 NA	ME	Ì		
STREET ADDRESS				3.3 ST	REET	ADORESS		
CITY-ST-ZIP				3.4. CI	TY-S	T-ZIP		
TITLE			☐ DELETE	4.1 T!	ΊLE		☐ Cha	inge Addition
NAME				4. 2 N	AME			
STREET ADDRESS				4.3 ST	REET	ADDRESS		
CITY-ST-ZIP				4.4 CI	TY-S1	T- ZIP		
TITLE			☐ DELETE	5.1 TIT	LE		Cha	nge Addition
NAME				5.2 NA	ME	\		
STREET ADDRESS				5.3 \$1	REET	ADDRESS		
CITY-ST-ZIP				5.4 CI	TY-ST	T-ZIP		
TITLE			☐ DELETE	61 TT	LE		Cha	nge Addition
NAME				6.2 NA	ΜE			
STREET ADORESS				6.3 ST	REET	ADDRESS		

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 the empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

- Yina SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)