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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P94000073359 (9) DOCUMENT #

AMERICAN CONCRETE TECHNOLOGIES, INC.

incipal Place of Business	Mailing Address
211 COMMODORE DRIVE	211 COMMODORE DRIVE
JUPITER FL 33477	JUPITER FL 33477

FILED Mar 31 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/03/1994</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0553644 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 ☐ Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WHITE, JOHN II 1645 PALM BEACH LAKES BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1200** 83 WEST PALM BEACH FL 33401 84 City Zip Code 85 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 (NOTE Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ■ DELETE 1.1 TITLE Change Addition NAME CURRY, JOHN M 1.2 NAME 211 COMMODORE DRIVE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME EWING, JEFFREY E 2.2 NAME 500 W CUMMINGS PARK, SUITE 6050 STREET ADDRESS 2.3 STREET ADDRESS WOBURN MA 01801 CITY-ST-ZIP 2 4 City-St-ZiP DELETE TITLE ☐ Change Addition 3.1 TITLE O'RIORDAN, MARTIN NAME 3.2 NAME STREET ADDRESS **500 W CUMMINGS PARK, SUITE 6050** 3.3 STREET ADDRESS WOBURN MA 01801 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 DELETE TITLE Change Addition 51 TITLE NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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.

Dia lall