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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jun 03 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000079114 (0)

Michella

CONCRETE CUTTING SERVICE, INC.

Principal Place of Business 4106 SOUTHSIDE BLVD JAOKSONVILLE FL 32246		Mailing Address 4106 SOUTHSIDE BL' JACKSONVILLE FL 3			
				3. Date Incorporated or Qualified 3 Q9/23/1996	Date of Last Report
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number 59-3404969	Applied For Not Applicable
Suite, Apt. #, et	C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28		Trust Fund Contribution	
Zip 4	Country 25	Zip 29	Country 30	8. This corporation has liability for intar Florida Statutes	ngible tax under s. 199.032, es 🔲 No
	Name and Address of Curre		30	10. Name and Address of New Regist	<del></del>
	ON, KEITH H		81 Name		
	OODBY'S EXEC. DRIVE ST	ΈA	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
JACKS	ONVILLE FL 32217		83		
			84 City		FL 85 Zip Code
SIGNATURE				rporation submits this statement for the purp ation's board of directors. I hereby accept th	
12.	ture, typed or printed name of registered as OFFICERS AN	percand tille if applicable. (f ND DIRECTORS	NOTE Registored Agent signature reci	ADDITIONS/CHANGES TO OFFICERS	ATE S AND DIRECTORS IN 12
TITLE P	resident.	DELETE	1.1 TOTLE		☐ Change ☐ Addition
NAME N		Withers	1.2 NAME		
STREET ADDRESS	851 Tiffany	HUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ice presiden	¥MC □ DELETE	1.4 CITY - S1 - ZIP 2.1 TITLE		Change Addition
NAME X	dney E.Wi	njers	2.2 NAME		
STREET ADDRESS	REILIS EDUNA	400	2.3 STREET ADDRESS		
CITY-ST-ZIP	gx Fla 32	346	2 4 CITY - ST - ZIP		
TITLE NAME		☐ DELETÉ	3 1 TITLE 3.2 NAME		☐ Change ☐ Addition
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		☐ DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE NAME		☐ DETEN	5.2 NAME		LI Change LI Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition

14. I do hereby certify that the information supplied with this filling 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.