

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 08, 1999 8:00 am
Secretary of State

0009640

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

09-08-1999 90010 009 ***550.00

DOCUMENT # P98000016744
 Corporation Name

MID STATE CONCRETE, INC.



Principal Place of Business 10 N.W. 75TH DRIVE STE. A GAINESVILLE FL 32607	Mailing Address 150 N.W. 75TH DRIVE STE. A GAINESVILLE FL 32607
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 02/20/1998

Principal Place of Business 20931 N6 HIGHWAY 27 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 1047 Suite, Apt. #, etc.
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4. FEI Number 59-3503054	Applied For Not Applicable
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City & State WILLISTON, FL. Zip 32696 Country USA	27	City & State WILLISTON, FL. Zip 32696 Country USA	30
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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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
 BULLARD, BARRY P
 150 N.W. 75TH DRIVE STE. A
 GAINESVILLE FL 32607

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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) DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D BULLARD, BARRY P <input type="checkbox"/> DELETE	1.1 TITLE	P WILLIAM A. MILLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	150 N.W. 75TH DRIVE STE. A	1.2 NAME	WILLIAM A. MILLER
1.3 STREET ADDRESS	GAINESVILLE FL 32607	1.3 STREET ADDRESS	16815 NE 138th AVE
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	ALACHUA, FL. 32609
2.1 TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V WILLIAM S. NEELY, JR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		2.2 NAME	WILLIAM S. NEELY, JR.
2.3 STREET ADDRESS		2.3 STREET ADDRESS	13654 SE COUNTY ROAD 336
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	DUNNELLON, FL. 34431
3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 dictated 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: WILLIAM A. MILLER RECONVICTED A. MILLER 9-06-99 352-528-1020

CR2E034 (5/99)