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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000022025

1. Corporation Name

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90107 002 ***150.00

MONROE CONCRETE PRODUCTS, INC.)(8) 		
Principal Place of Business Mailing Address							1					
MILE MARKER 9. U.S. HWY. #1 PO DRAWER 1149 KEY WEST FL 33040 KEY WEST FL 33040						DO NOT WRITE IN TH			RITE IN THIS	SPACE		
								3. Date Incorporated or Qualife	d			
}							- 1	03/08/1996				
2. Principal P	lace of Business		2a. Mailing Address				- 4	4. FEI Number		Apr	plied For	
21			26				65-0655735		~ Not	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A Fee Red			
City & State City & S				State				6. Election Campaign Financing	g . 🗆	\$5.00	May Be	
23			28				Trust Fund Contribution	Ш	Added to	o Fees		
Zip	Zip Country			Zip Country			1	This corporation owes the current year Intangible				
24	25		29	30			Personal Property Tax.			□No		
	9. Name and A	Address of Current F	Registered Age	nt			10	Name and Address of New	Registered	Agent		
	1414.5		81	Name								
SPOTTSWOOD, WILLIAM B 500 FLEMING ST.					82	Street	Address	ddress (P.O. Box Number is Not Acceptable)				
KEY WEST FL 33040					83							
					84	City	_		FL	85 Zip C	ode	
							oo morati	on submits this statement for th		changing its	registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida States.							oration's	board of directors. I hereby acc	ept the appoi	ntment as reg	jistered	
SIGNATURE				2077				n colontaling)	DATE		}	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re						it signature r	reduited wite	ADDITIONS/CHANGES TO C		ID DIRECTO	RS IN 12	
12.	D	OFFICERS AND		DELETE	13.		Vic	e President	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	X Addition	
NAME	TOPPINO, DAN	IICI D	_		1.2 NAME		l l	nk P. Toppino				
i l		9, U.S. HWY. #1			1.3 STREET	ADDRESS		e Marker 9, U.S.	Hwv #1		}	
STREET ADDRESS	KEY WEST FL	•					1	West, FL 3304(-		}	
CITY-ST-ZIP TITLE	D NEI WEST IL			DELETE	2.1 TITLE			retary/Treasurer		Change	Addition	
NAME	TOPPINO, EDV	VARD JR			2.2 NAME			ard Toppino, Sr.			ļ	
STREET ADDRESS		9, U.S. HWY. #1			2.3 STREET	ADDRESS		e Marker 9, U.S.	Hwv #1			
CITY-ST-ZIP	KEY WEST FL				2. 4 CITY-S			West, FL 33040				
TITLE	D			DELETE	3.1 TITLE					☐ Change	☐ Addition	
NAME	TOPPINO, PAUL E				3.2 NAME							
STREET ADDRESS		9, U.S. HWY. #1			3.3 STREET	ADDRESS			,			
CITY-ST-ZIP	KEY WEST FL				3.4. CITY-S	T-ZIP	_					
TITLE	D			DELETE	4.1 TITLE					Change	☐ Addition	
NAME	TOPPINO, RICI	HARD J			4. 2 NAME						}	
STREET ADDRESS		9, U.S. HWY. #1			4.3 STREET	ADDRESS						
CITY-ST-ZIP	KEY WEST FL				4.4 CITY- \$	r-zip						
TITLE	D			DELETE	5.1 TITLE					Change	Addition	
NAME	TOPPINO, ROY	′ G			5.2 NAME							
STREET ADDRESS		9, U.S. HWY. #1			5.3 STREET							
CITY-ST-ZIP	KEY WEST FL	33040			5.4 CITY-S	T-ZIP					- A Justine	
TITLE	P] DELETE	6.1 TITLE					☐ Change	Addition	
NAME	TOPPINO, GEO)rge B. S			6.2 NAME						ſ	
STREET ADDRESS	1901 S. ROOS				6.3 STREET	ADDRESS	1					

LITY-ST-ZIP

KEY WEST FL

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 affactment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

G OFFICER OR DIRECTOR

305-2965606