above, or on an attachment with all other like empowered. SIGNATURE: J. W. NOLAND PRESIDENT

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

Electronic Signature of Signing Officer/Director Detail

## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P19000060882

# Entity Name: NW FL CURBING AND CONCRETE INC

## **Current Principal Place of Business:**

1325 COMMERCE DRIVE #1982 CRESTVIEW, FL 32539

## **Current Mailing Address:**

**1325 COMMERCE DRIVE** #1982 CRESTVIEW, FL 32539 US

## FEI Number: 84-2646200

#### Name and Address of Current Registered Agent:

NOLAND, SHAKERIA 1325 COMMERCE DRIVE #1982 CRESTVIEW, FL 32539 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

# Electronic Signature of Registered Agent

## **Officer/Director Detail :**

VP			
NOLAND, SHAKERIA L			
ss 1325 COMMERCE DRIVE #1982			
tate-Zip: CRESTVIEW FL 32539			
5			

# FILED Jun 24, 2020 Secretary of State 1063515362CC

Certificate of Status Desired: No

06/24/2020

Date

Date