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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90038 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 173487

1. Corporation Name  
**CEMENT INDUSTRIES, INC.**

Principal Place of Business  
 2709 JEFFCOTT ST  
 FT. MYERS FL 33901

Mailing Address  
 2709 JEFFCOTT ST  
 FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/07/1953**

4. FEI Number **59-0697707** Applied For Not Applicable

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 Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, GAY R**  
**11604 TIMBERLINE CIR**  
**FT MYERS FL 33912**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
 NAME THOMPSON, GAY REBEL  
 STREET ADDRESS 11604 TIMBERLINE CIR  
 CITY-ST-ZIP FT MYERS FL 33912

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE SD  DELETE  
 NAME THOMPSON, BETTINA  
 STREET ADDRESS 1820 PACIFIC AVE.  
 CITY-ST-ZIP NO FT MYERS FL 33903

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE TD  DELETE  
 NAME SHEPARD, CHRISTINE  
 STREET ADDRESS 18471 TELEGRAPH CREEK LN  
 CITY-ST-ZIP ALVA FL 33920

3.1 TITLE **STD**  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE VD  DELETE  
 NAME THOMPSON, W.BROWN III  
 STREET ADDRESS 30 TIMBERLAND CIRCLE  
 CITY-ST-ZIP FORT MYERS FL 33919

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE V  DELETE  
 NAME BUMPOUS, E. T  
 STREET ADDRESS 6741 CIRCLE DRIVE  
 CITY-ST-ZIP FORT MYERS FL 33905

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE: *Christine Shepard* CHRISTINE SHEPARD 2/22/99 (941) 332-1440  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)