

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 AUG 27 PM 3:28

DOCUMENT #

358599

1. Corporation Name

Wekiwa Concrete Products Inc

Principal Place of Business

Mailing Address

6424 W. Jones Ave.  
P.O. Box 279  
Zellwood FL 32798-0279

P.O. Box 279  
Zellwood, FL 32798-0279

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/23/1970

4. FEI Number

59-1284162

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Prouty, Norman  
5011 Dora Drive  
Mt. Dora, FL 32757

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 Bowen, E.H.  
STREET ADDRESS 1048 Errol Pkwy  
CITY-ST-ZIP Apopka FL 32712

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME 200002974972--6  
1.3 STREET ADDRESS -08/31/99--01057--009  
1.4 CITY-ST-ZIP 70.25 ☒ Change ☐ Addition

TITLE VPD ☐ DELETE  
NAME Norman Prouty  
STREET ADDRESS 1221 Atlantis Dr.  
CITY-ST-ZIP Apopka, FL

2.1 TITLE PD  
2.2 NAME  
2.3 STREET ADDRESS 5011 Dora Drive  
2.4 CITY-ST-ZIP Mt. Dora FL 32757

TITLE VPDT ☐ DELETE  
NAME Bowen, Robert  
STREET ADDRESS 31920 Bay Street  
CITY-ST-ZIP Tavares FL 32778

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

TITLE S ☐ DELETE  
NAME Wahse, Connie  
STREET ADDRESS 4907 W. Kelly Park Rd.  
CITY-ST-ZIP Apopka FL 32712

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(f), 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: Connie Wahse

8/24/99

407-886-2511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)