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May 10, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 420758

1. Corporation Name
JOB-MIX CONCRETE COMPANY

Principal Place of Business

7301 NW 47TH ST.
P. O. BOX 522310
MIAMI FL 33152
US

Mailing Address

7301 NW 47TH ST.
P. O. BOX 522310
MIAMI FL 33152
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1973

4. FEI Number

59-1452307

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

~~WALLACE, ROBERT E.
7301 NW 47 STREET
MIAMI FL 33166~~

10. Name and Address of New Registered Agent

81 Name JOSEPH J. WEISENFELD
82 Street Address (P.O. Box Number is Not Acceptable)
WEISENFELD & ASSOCIATES
83 550 BILTMORE WAY, SUITE 1120
84 City CORAL GABLES FL 85 Zip Code 33144

11. Pursuant to the provisions of Sections 607.0562 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 607.0565, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4-30-99
DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WALLACE, ROBERT E.
STREET ADDRESS 7961 W. 8TH AVENUE
CITY-ST-ZIP HIALEAH FL

TITLE DVS
NAME CARLILE, DONALD L
STREET ADDRESS 9311 SW 104TH CT
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE DP
2.2 NAME CARLILE, DONALD L
2.3 STREET ADDRESS 9311 SW 104TH CT
2.4 CITY-ST-ZIP MIAMI, FL 33176

3.1 TITLE
3.2 NAME CARLILE, CAROL
3.3 STREET ADDRESS 9311 SW 104TH CT
3.4 CITY-ST-ZIP MIAMI, FL 33176

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

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

6.1 TITLE
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:

DONALD L. CARLILE

4/30/99

305/591-8088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)