

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 505674 (2)

1. Corporation Name

COLEMAN CONCRETE PRODUCTS, INC.



Principal Place of Business

Mailing Address

US HWY 41 N  
PO BOX 215  
HOLDER FL 34445  
US

US HWY 41 N  
PO BOX 215  
HOLDER FL 34445  
US

3. Date Incorporated or Qualified  
06/22/1976

3a. Date of Last Report  
04/27/1995

4. FEI Number

59-1685731

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 6130 N Florida Ave  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State  
Holder, FL

27 City & State

23 Zip 34445 Country

28 Zip

Country

24 34445

29 34445

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLAYMAKER, THOMAS E., ESQ.  
2250 HWY. 44 W.  
SUITE C-1  
INVERNESS FL 32650

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 ST ☐ DELETE  
NAME NAPOLITANO, JUDITH  
STREET ADDRESS 5530 N. ELKCAM BLVD.  
CITY- ST- ZIP BEVERLY HILLS FL

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

ST Riggs, Judith A. ☒ Change ☐ Addition

TITLE PC ☒ DELETE  
NAME NAPOLITANO, ROBERT J.  
STREET ADDRESS 7121 N. WAYCROSS WAY  
CITY- ST- ZIP CITRUS SPRINGS FL

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

☐ Change ☐ Addition

TITLE Napolitano, Robert G. ☐ DELETE  
NAME 5530 N. Elkcarn Blvd.  
STREET ADDRESS Beverly Hills, FL 34465  
CITY- ST- ZIP

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

Napolitano, Robert G. ☐ Change ☒ Addition  
5530 N. Elkcarn Blvd.  
Beverly Hills, FL 34465

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Judith Riggs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Daytime Phone #

CR2E034 (12/95)