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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 505674 1. Corporation Name

COLEMAN CONCRETE PRODUCTS, INC.

Principal Place of Business Mailing Address						The state of the s		
6130 N. FLORID	DA AVE.	US HWY 41 N				i		
PO BOX 215		PO BOX 215				DO NOT WRITE IN THIS SPACE		
HOLDER FL 34445 HOLDER FL 34445			.45			3. Date Incorporated or Qualifed		
US		US				06/22/1976		
6 0 1 0	In a of Business	2a. Mailing Address	,			4. FEI Number	- An	plied For
	lace of Business	—	•			59-1685731	 	ot Applicable
21 Suite Ant	# oto	Suite, Apt. #, et					\$8.75	
Suite, Apt. #, etc.		27				5. Certifcate of Status Desired	Fee Re	
City & State	A	City & State	*			6. Election Campaign Financing	\$5.00	May Be
23	-	28				Trust Fund Contribution	Added	
~ Zip	Country	Zip	Co	ountry		8. This corporation owes the current year	er Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer					10. Name and Address of New Registe	ered Agent	
	-	<u>-</u>		81	Name			
	YMAKER, THOMAS E., ESQ.			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
2250 HWY. 44 W.				"	Ouccin	adios (1.0. Sox Hamber is Not receptable)		
+	E C-1			83				
INVE	RNESS FL 32650			84	City		85 Zip	Code
				- 1			FL	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida	Statutes, the	above	-named c	corporation submits this statement for the purpor	se of changing its	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change ations of, Section 607.050	was autnoriz)5, Florida St	eo by atutes	tne corpoi	ration's board of directors. I hereby accept the a	appointment as re	gistered
,								ļ
SIGNATURE								
	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Register	red Agen	t signature rec	quired when reinstating) . DAT		
12.	OFFICERS AN	ND DIRECTORS	1:	3.	t signature rec	quired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
12.	OFFICERS AN		1:		it signature rec	12		DRS IN 12
	P RIGGS, JUDITH A.	ND DIRECTORS	1: TE 1.1	3.	t signature rec	12	S AND DIRECTO	
TITLE	P RIGGS, JUDITH A. 5530 N. ELKCAM BLVD.	ND DIRECTORS	1: ETE 1.1 1.2	TITLE NAME	t signature rec	12	S AND DIRECTO	
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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, and attachment with an applies, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

952-489-6050