

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 03, 1999 8:00 am
Secretary of State

09-03-1999 90003 004 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 552336

1. Corporation Name

K. HERRON & SONS CONCRETE CONSTRUCTION CO., INC.

Principal Place of Business

11450 S.W. 17TH STREET
DAVIE FL 33325

Mailing Address

11450 S.W. 17TH STREET
DAVIE FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1977

4. FEI Number

59-1779616

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. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HERRON, KENNETH
11450 S.W. 17TH STREET
DAVIE FL 33325

10. Name and Address of New Registered Agent

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

TITLE VP ☐ DELETE

NAME HERRON, KENNETH
STREET ADDRESS 11450 S.W. 17TH ST
CITY-ST-ZIP DAVIE FL

TITLE P ☐ DELETE

NAME HERRON, CARROL
STREET ADDRESS 11450 S.W. 17TH ST
CITY-ST-ZIP DAVIE FL

TITLE VP ☐ DELETE

NAME HERRON, KENNETH II
STREET ADDRESS 1700 SW 115TH AVE.
CITY-ST-ZIP DAVIE FL

TITLE T ☐ DELETE

NAME HERRON-SKINNER, CAROLINE
STREET ADDRESS 1900 SW 115TH AVE.
CITY-ST-ZIP DAVIE FL

TITLE S ☐ DELETE

NAME HART, KELLIE SUE
STREET ADDRESS 1851 SW 115 AVE
CITY-ST-ZIP DAVIE FL

TITLE V ☐ DELETE

NAME HERRON, CLAY BOY
STREET ADDRESS 11450 SW 17TH STREET
CITY-ST-ZIP DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-99

954-472-6811

Date

Daytime Phone #

CR2E034 (5/99)

K. HERRON & SONS, CO., INC.

11450 S.W. 17 Street
Davie, FL 33325

Concrete Construction
Specializing in All Types of
Curbs and Sidewalks

"Concrete Cowboys"
472-6811

AUGUST 25, 1999

552334
612333-900034

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500
ATTN: STACEY

REF: 1999 ANNUAL RENEWAL

DEAR STACEY,

PER OUR TELEPHONE CONVERSTATION ON 8-24-99 THIS IS TO INFORM YOU
THAT WE DID NOT RECEIVE OUR NOTIFICATION OF 1999 CORPORATION ANNUAL
RENEWAL REPORT. ENCLOSED PLEASE FIND RENEWAL FEE OF \$150.00. IF YOU
HAVE ANY QUESTIONS PLEASE CALL ME AT 954-472-6811.

THANK YOU

KELLIE HART

