

**CORPORATION
ANNUAL REPORT
1995**

**FLORIDA SECRETARY OF STATE
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:40**

DOCUMENT # 684261

(1)

1. Corporation Name

BEST CONCRETE CUTTING, INC.

Principal Place of Business

**P O BOX 421675
KISSIMMEE FL 34742-1675**

Mailing Address

**P O BOX 421675
KISSIMMEE FL 34742-1675**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/15/1980

3a. Date of Last Report

03/28/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NUTTEN, JERALD T.
2978 NORTH OLD DIXIE HWY, UNIT D
KISSIMMEE FL 34743**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

NUTTEN, JERALD T.

STREET ADDRESS

2390 MEADOW LANE

CITY - ST - ZIP

KISSIMMEE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

V

NAME

NUTTEN, JOHN A.

STREET ADDRESS

848 SOUTH SUNSHINE #17

CITY - ST - ZIP

ELCAJON CA

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**Nutten, John A
2390 meadow ln
Kissimmee, FL 34744**

☒ Change ☐ Addition

TITLE

ST

NAME

NUTTEN, JANET E.

STREET ADDRESS

2390 MEADON LANE

CITY - ST - ZIP

KISSIMMEE FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-95

**407
846-8158**