## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

848285

BAKER CONCRETE CONSTRUCTION, INC.

(3)

## FILED

98 JAN 16 PM 1:31

SECRETARY OF STATE TALLAHASSEE. FLORIDA



i incipar i lace of Business	walling Address						
900 NORTH GRAVER RD. MONROE OH 45050-1277  800 NORTH GRAVER RD. MONROE OH 45050-1277				DO NOT WRITE IN THIS	SPACE	<u> </u>	
				3. Date Incorporated or Qualified 02/16/1981			
2. Principal Place of Business 2s. Mailing Address				4. FEI Number		Applied For	
900 North Garver Rd. 26 900 North Garve			Rd. 31-0817881			Not Applicable	
Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Monroe, Ohio  Sulte, Apt. #, etc.  Monroe, Ohio				5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip Country			8. This corporation owes or has paid the ci	urrent ye	par Intangible	
24 45050-1277   25 Warren		5050-1277   30   Warren   Personal Property Tax due June 30.					
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD		81		$\sim$	n .	00	
PLANTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable)				
i de la companya de l		83			7 1		
		84	/	FI	85	Zip Code	
<ol> <li>Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig</li> </ol>	e oi Fiorida. Such change was authorize	od by	/ the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of chang pointme	ging its registered ent as registered	
SIGNATURE							
Signature, typed or printed name of registered agent and tale if applicable (NOTE Registered #			ent signature require	d when reinstating) OATE			

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 profed name of registered agent and take if applicable (NOTE Registered Agent signature required when reinstating) OATE									
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	T □ DELETE	1.1 THLE	☐ Change ☐ Addition						
NAME	GROTH, JOHN F.	1.2 NAME							
STREET ADDRESS	5618 MONICA DRIVE	1.3 STREET ADDRESS							
CITY-ST-ZIP	FAIRFILED OH_	1.4 CHTY - ST - ZIP							
TITLE	S DELETE	2.1 TiTLE	Change Addition						
NAME	8CHWARTZ, LOUIS J	2.2 NAME	t monomora de co						
STREET ADDRESS	7993 BLAIRHOUSE	2.3 STREET ADDRESS	1000024070616 -01/21/9801092002						
CITY-ST-ZIP	CINCINNATI OH	2. 4 CITY-ST-ZIP							
TITLE	PD DELETE	3.1 TITLE	****150.00 *****150.00 Addition						
NAME	BAKER, DANIEL L	3.2 NAME							
STREET ADDRESS	5855 OAKRIDGE ROAD	3 3 STHEET ADDRESS							
CfTY - ST - ZIP	HAMILTON OH	3 4. CITY - ST - ZIP							
TITLE	VD C DELETE	4.1 TITLE	Director □ Change □ Addition						
NAME	BAKER, CYNTHIA S	4. 2 NAME	Cynthia S. Baker						
STREET ADDRESS	5855 OAKRIDGE ROAD	4.3 STREET ADDRESS	5855 Oakridge Road						
CITY-ST-ZIP	HAMILTON OH	4.4 CITY - ST - 7IP	Hamilton, Ohio 45011						
TITLE	VP DELETE	5.1 TITLE	Change Addition						
NAME	<b>SCHNEIDER, MICHAEL J</b>	5.2 NAME							
STREET ADDRESS	5805 COUNTRY VIEW DR	5.3 STREET ADDRESS							
CITY-SP ZIP	HAMILTON OH	5.4 CITY-ST-ZiP							
TITLE	VP DELETE	6.1 TITLE	Director						
NAME :	MUELLER, EDWARD L	6.2 NAME	Edward L. Mueller						
STREET ADDRESS	1115 HEARTHSTONE DR	6.3 STREET ADDRESS	1115 Hearthstone Dr.						
CITY-ST-ZIP	CINCINNATI OH	6.4 C(TY-S1-ZIP	Cincinnati, Ohio 45231						

14. Thereby 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 eath; 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 all achment with an address.