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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 854851



Secretary of State **DIVISION OF CORPORATIONS**

FLORIDA DEPARTMENT OF STATE Katherine Harris

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90074 043 ***150.00

FLORIDA	HOCK CONCRETE, INC.								
Principal Place	e of Business	Mailing Address				1 168181 16181 6111 61661 16161 16161		#\$1 #1# 11 # 1#11 1	
155 EAST 21ST STREET C/O DENNIS D FRICK									
P.O. BOX 4667 PO BOX 4667									
JACKSONVILLE FL 32201 JACKSONVILLE FL 32201-4667						DO NOT WRITE	IN THIS	SPACE	
		US				3. Date Incorporated or Qualifed 12/02/1982			
2. Principal Place of Business 2a. Mailing Address					<u>_</u>	4. FEI Number		— Ar	plied For
21 26						41-0981180			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75	Additional
22						5. Certifcate of Status Desired		Fee Re	equired
City & State		City & State				6. Election Campaign Financing		\$5.00	May-Be
23		28				Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country Zip		Country			8. This corporation owes the current	nt year Inta		_
24	25	29 30				Personal Property Tax.		☐Yes	No
	9. Name and Address of Curre	nt Registered Agent	 _	r		10. Name and Address of New Re	gistered /	\gent	
EDIC	T DENNIC D		81	Name					
FRICK, DENNIS D 155 E 21ST ST			82	Street	Address	(P.O. Box Number is Not Acceptab	le)		
JACKSONVILLE FL 32206									
JACI	ASUNVILLE PL 32200		83						
i			84	City		·.	FL	85 Zip	Code
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author	ized by	the corp	corpora oration's	tion submits this statement for the p s board of directors. I hereby accept	urpose of o the appoir	changing its	registered egistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Regis	tered Ager	nt signature i	required wh	en reinstating)	DATE		
12.			13.			ADDITIONS/CHANGES TO OFFI	CERS AN		ORS IN 12
TITLE	S	☐ DELETE 1.1 TI						☐ Change	☐ Addition
NAME	FRICK, DENNIS D.	.	1.2 NAME		J				
STREET ADDRESS	155 E 21ST STREET	ļ.	.3 STREET	TADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-S	T-ZIP	<u></u> .				
TITLE	CD	☐ DELETE 2.1 TI						☐ Change	☐ Addition
NAME	Baker, Edward L	2.2 N							
STREET ADDRESS	155 EAST 21ST STREET	STREET 2.3 S		TADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32206	ILLE FL 32206 2.40		ST-ZIP	<u>1</u>				
TITLE	PD	☐ DELETE 3.1 Tr			ļ		-	☐ Change	Addition_
NAME	JOHN, D B	N, D B							
STREET ADDRESS	155 EAST 21ST STREET			T ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32206		3.4. CITY- S	ST-ZIP	↓				
TITLE	VPD	☐ DELETE	4.1 TITLE		İ			Change	Addition
NAME	HAYS, S. ROBERT		1, 2 NAME						
STREET ADDRESS	155 EAST 21ST STREET	Į.	4.3 STREET AD		1				
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-S	T-2IP	ļ			(70)	This area
TITLE	VPT	* *	5.1 TITLE					Change	Addition
NAME	CARLSON, RUGGLES B.		52 NAME		[
STREET ADDRESS	155 EAST 21ST STREET			T ADDRESS	1				
CITY-ST-ZIP		ACKSONVILLE FL 54 CI		T-ZIP				Change	Addition
TITLE	V)		S.1 TITLE		}			☐ Criange	☐ Audition
NAME	OAMES SELLINE SIESTING		6.2 NAME	* *****					
STREET ADDRESS	100 Elot Elot officer			T ADDRESS	[
CITY-ST-ZIP	JACKSONVILLE FL 32206	<u> </u>	6.4 CITY-S	T-ZIP	1				

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, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-Dennis D. Frick, Secretary