FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F32816** **(3)**

1. Corporation Name

CONCRETE SLIP FORM SPECIALITIES, INC.

Principal Place of Business	Mailing Address
1400 SE MONTEREY ROAD/POB 95-3225 STUART FL 34994-3959	PO BOX 3225 STUART FL 34995 US

3. Date Incorporated or Qualified: **04/30/1981**

3a. Date of Last Report: **01/20/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-2099246** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOSLEY, VIVIAN
967 NE KUBIN AVE.
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name: Bebout, Vivian
82 Street Address (P.O. Box Number is Not Acceptable): 967 NE Kubin Ave.
83
84 City: Jensen Beach FL 85 Zip Code: 34957

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: Vivian Bebout (Vivian Bebout) 2/9/96
(Signature of New Registered Agent, if applicable) (Typed or Printed Name of New Registered Agent) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOSLEY, GARY		1.2 NAME		
STREET ADDRESS	9167 SW 21ST DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOSLEY, REBECCA		2.2 NAME		
STREET ADDRESS	9167 21ST DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	3.1 TITLE	V/A S	☒ Change ☐ Addition
NAME	MOSLEY, VIVIAN		3.2 NAME	Bebout, Vivian	
STREET ADDRESS	967 NE KUBIN AVE		3.3 STREET ADDRESS	967 NE Kubin Ave.	
CITY-ST-ZIP	JENSEN BEACH FL		3.4 CITY-ST-ZIP	Jensen Beach FL	
TITLE	VAT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LONG, KIMBERLY		4.2 NAME		
STREET ADDRESS	1703 SW LOCKS RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 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: Vivian Bebout (Vivian Bebout) 2/9/96 (407) 287-7227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)