

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

FILED

Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
1400 SE MONTEREY ROAD/POB 05-3225
STUART FL 34994-3959

Mailing Address
PO BOX 3225
STUART FL 34995-3225
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
04/30/1981

3a. Date of Last Report
02/14/1996

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 (Got married 12/9/95)
967 NE KUBIN AVE.
JENSEN BEACH FL 34957

I made this correction last year
and it was not corrected!

10. Name and Address of New Registered Agent

81 Name Vivian "Bebout"
82 Street Address (P.O. Box Number is Not Acceptable)
967 NE Kubin Avenue
83 Jensen Beach, FL 34957
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 Vivian Bebout Vc. Pres/Asst. Sec. Vivian Bebout 01/09/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	MOSLEY, GARY	
STREET ADDRESS	9167 SW 21ST DRIVE	
CITY - ST - ZIP	STUART FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MOSLEY, REBECCA	
STREET ADDRESS	9167 21ST DRIVE	
CITY - ST - ZIP	STUART FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	MOSLEY, VIVIAN	
STREET ADDRESS	967 NE KUBIN AVE	
CITY - ST - ZIP	JENSEN BEACH FL	
TITLE	VAT	<input type="checkbox"/> DELETE
NAME	LONG, KIMBERLY	
STREET ADDRESS	1703 SW LOCKS RD	
CITY - ST - ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Same
3.2 NAME	Vivian "Bebout" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	Same
3.4 CITY - ST - ZIP	Same
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: Vivian Bebout Vc. Pres/Asst. Sec. Vivian Bebout 01/09/97 (501) 287-7227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)