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Jan 27, 1999 8:00am  
Secretary of State

01-27-1999 90034 013 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F32816

1. Corporation Name

CONCRETE SLIP FORM SPECIALITIES, INC.

Principal Place of Business

1400 SE MONTEREY ROAD/POB 95-3225  
STUART FL 34994-3959

Mailing Address

PO BOX 3225  
STUART FL 34995  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1981

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 owes the current year Intangible  
Personal Property Tax.

Yes No

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

VIVIAN BEBOUT

967 NE KUBIN AVE.

JENSEN BCH FL 34957

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVD ☐ DELETE

NAME MOSLEY, GARY  
STREET ADDRESS 9167 SW 21ST DRIVE  
CITY-ST-ZIP STUART FL

TITLE STD ☐ DELETE

NAME MOSLEY, REBECCA  
STREET ADDRESS 9167 21ST DRIVE  
CITY-ST-ZIP STUART FL

TITLE VAS ☐ DELETE

NAME VIVIAN BEBOUT  
STREET ADDRESS 967 NE KUBIN AVE  
CITY-ST-ZIP JENSEN BEACH FL

TITLE VAT ☐ DELETE

NAME LONG, KIMBERLY  
STREET ADDRESS 1703 SW LOCKS RD  
CITY-ST-ZIP STUART FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: Vivian Bebout REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/98 (501)287-7227

CR2E034 (11/98)