Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90086 044 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F81727

1. Corporation Name

C.L.W. CONCRETE CONSTRUCTION, INC.

				- E TOUSTOUR JANK SUSON HOUR FROND FINDER NOOM OLANS O		Mat Milit Albit 1401
Principal Place of Business Mailing Address						
26825 OUR COURT	26825 OUR COURT					
BONITA SPRINGS FL 34135 BONITA SPRINGS I		4135		DO NOT WRITE IN THIS SPACE		
US	US			3. Date Incorporated or Qualifed		
				05/18/1982		Į.
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
<del></del> -1 '	26			59-2375807	1	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del></del>		_	\$8.7	5 Additional
22	27	-		5. Certifcate of Status Desired	Fee	Required:
City & State	City & State			6. Election Campaign Financing	\$5.0	00 May Be
23	28			Trust Fund Contribution	Add	led to Fees
Zip Country	Zip	Countr	/	8. This corporation owes the current year Int	angible	
24 25	29	30		Personal Property Tax.	☐ Yes	□No
9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
		81	Name	urtic Wolfe .Tr		ļ
SCHWARTZ, JOSEPH L 4040 SHERIDAN STREET		82		Curtis Wolfe, Jr.		
		"	26825	Address (P.O. Box Number is Not Acceptable) 25 Our Court		
HOLLYWOOD FL 32301		83	5	- Ci Dt 24125		
		-		a Springs, FL 34135	1051	Zip Code
		84	City	FL	85 2	ip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508. Florida Statutes	s, the above	re-named corp	poration submits this statement for the purpose of	changing	its registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	of Florida. Such change was aut	horized by	the corporation	on's board of directors. I hereby accept the appoi	ntment as	s registered
	ations of, Section 607.0303, Floric	da Statute	<b>5</b> ,			
SIGNATURE X Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	Registered Age	ent signature require	ad when reinstating) DATE		
	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	CTORS IN 12
TITLE P	☐ DELETE	1.1 TITLE			☐ Chan	nge
NAME WOLFE, CURTIS		1.2 NAME				
STREET ADDRESS 644 PEUS MANIAM STK 268	25 Our Court	1.3 STREE	T ADDRESS			
CITY-ST-ZIP HOLKWOOK MX Bonit		1.4 CITY-	ST-ZIP			ŀ
IIILE <b>SXI</b> X 34135		2.1 TITLE			Chan	nge 🔲 Addition
NAME WOLKE KINSTON XIRK		22 NAME				
STREET ADDRESS 2622XILKMORE SWEET		1	ET ADDRESS			Ì
		2_4 CITY-				
TITLE CON	☐ DELETE	3.1 TITLE	21:2E		Chan	nge Addition
51	<b>_</b>	3.2 NAME				
NAME WOLFE, CURTIS,	JR.		T ADDRESS			
STREET ADDRESS 26825 Our Court						}
CITY-ST-ZIP Bonita Springs,	FL34135 □ DELETE	3.4. CITY- 4.1 TITLE	31-ZIP		☐ Chan	nge
TITLE		4.7 HILE			_	_
NAME		l l				j
STREET ADDRESS			TADDRESS			ļ
CITY-ST-ZIP	□ DELETE	4.4 CITY- 5.1 TITLE	SI-ZIP		☐ Char	nge Addition
TITLE		5.1 IIILE 5.2 NAME				الاستياري -و.
NAME			ET ADDRESS			
STREET ADDRESS		1	l l			{
CITY-ST-ZIP	☐ DELETE	5.4 CITY- 6.1 TITLE	31-ZIP		☐ Char	nge Addition
TITLE					1 <sup>m</sup>	-9
NAME		6.2 NAME				ì
emper apposed		6.3 STRE	ET ADDRESS			I

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 orporation 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

941-992-6056