

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000004047 (5)

1. Corporation Name  
A.J. CONCRETE FORMING SOUTH, INC.

Principal Place of Business

5845 JACARANDA DRIVE  
MABLETON GA 30059

Mailing Address

5845 JACARANDA DRIVE  
MABLETON GA 30059-2807

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 Suite C

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 Suite C

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

REINERT, RUTH G  
1880 PINE VALLEY DRIVE, APT 109  
FT MYERS FL 33907

3. Date Incorporated or Qualified

08/22/1995

3a. Date of Last Report

08/13/1996

4. FEI Number

58-2030402

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

10. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PCD  
KLEWEIN, JEFF J  
5845 JACARANDA DR.  
MABLETON GA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
KLEWEIN, RICK J  
5845 JACARANDA DR.  
MABLETON GA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
BONE, ALAN G  
5845 JACARANDA DR.  
MABLETON GA

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SNIDER, JOHN J.  
5845 JACARANDA DR.  
MABLETON GA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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: Jeff J. Klewein 4/30/97 4046991947

FILED  
May 09 1997 8:00am  
Secretary of State



CR2E034 (9/96)