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

CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

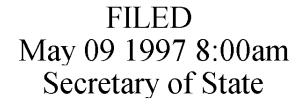
DOCUMENT # F95000004047 (5)

A.J. CONCRETE FORMING SOUTH, INC.

Principal Place of Business	Mailing

5845 JACARANDA DRIVE

Address 5845 JACARANDA DRIVE



MABLETON GA	30059	MABLETON GA 30059-293	7					
				·		ate of Last Report		
	ace of Business	2a. Mailing Address		4. FEI Number			oplied For	
21		26]			58-2030402		N	ot Applicable
Suite, Apt. 22 <b>S</b> ひ	te C	Suite, Apt. #, etc.	2_		<b>5.</b> Certificate of Status Desired		•	Additional equired
City & State 23	3	City & State 6. Election Campaign Financing \$5.00				May Be to Fees		
Zip <b>24</b>	Country 25	7ip 29	8. This corporation has liability for in Florida Statutes	for intangible tax under s. 199.032,				
	9, Name and Address of Currer	nt Registered Agent	30		10. Name and Address of New Reg	gistered Ag	gent	
REIN	ERT, RUTH G			Name				
1660	PINE VALLEY DRIVE, APT 109		ī	2 Street Ad	dress (P.O. Box Number is Not Acceptable	le)		
FT N	IYERS FL 33907							
			1	3				
			i	4 City		FL	<b>85</b> Zip	Code
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607,1508, Florida Statut of Florida. Such change was	tes, the abi	ove-named co by the corpor	orporation submits this statement for the pration's board of directors. I horeby accep		hanging i ntment as	ts registered registered
agent. I at SIGNATURE	m familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Statu	los.	, ,	• • •		
	Signature, typed or printed name of registered age		··	lgent signature red	jured when reinstaling)	DATE		
12.	PCD OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	KLEWEIN, JEFF J	☐ DELETE	1.1 1111	j		L	Change	Addition
NAME	5845 JACARANDA DR.		1.2 NAM					
STREET ADDRESS	MABLETON GA			ET ADDRESS				
CITY-ST-ZIP TITLE	D D	DELETE	2.1 Dit	- S1 - ZIP			Change	Addition
NAME	KLEWEIN, RICK J	בן טוננונ	2.9 NAN			L	Unanys	[] \\0000000
STREET ADORESS	5845 JACARANDA DR.							
	MABLETON GA			ET ADDRESS 7-S1-ZIP				
CITY-ST-ZIP TITLE	STD	DELETE	3.1 101				Change	Addition
NAME	BONE, ALAN G		3.8 NAN			-		
STREET ADDRESS	5845 JACARANDA DR.			E1 ADDRESS				
CITY-ST-ZIP	MABLETON GA			r-ST-ZIP				
TIFLE	D	DELETE	4.1 101				Change	Addition
NAME	SNIDER, JOHN J.	<del></del>	4.2 NA			_		
STREET ADDRESS	5845 JACARANDA DR.			ETT ADDRESS				
CITY-ST-ZIP	MABLETON GA			- SI - 7IP				
TITLE		DELETE	5.1 101				Change	Addition
NAME .			5 2 NAM	ı.		-	_	
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP				- S1 - 7 P				
TITLE		DELETE	6.1 1111				Change	Addition
NAME		—	6 \$ NAN	į			-	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				- \$1 - 7/P				
	by certify that the information supplie	d with this filing does not quali			ed in Section 119.07(3)(i), Florida Statutes	: I further o	ertify 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 trusted 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.

Jeff J. Klempin