

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 PM 11:23

DOCUMENT # G09853

(4)

1. Corporation Name

SUPER CRETE, INC.

Principal Place of Business

**4489 36TH STREET
ORLANDO FL 32811**

Mailing Address

**4489 36TH STREET
ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/23/1982

3a. Date of Last Report

03/30/1994

4. FEI Number

59-2329182

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

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

**DAVIS, TALMON E.
4489 36TH STREET
ORLANDO FL 32811**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS
NAME	DAVIS, TALMON E.
STREET ADDRESS	4489 36TH STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	CD
NAME	STAMBAUGH, LES M.
STREET ADDRESS	6320 CLARA STREET
CITY - ST - ZIP	BELL GARDEN FL
TITLE	PD
NAME	DAVIS, MARTHA S.
STREET ADDRESS	4489 36TH STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	MARK STAMBAUGH
STREET ADDRESS	6320 CLARA STREET
CITY - ST - ZIP	BELL GARDEN CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	16143 HARBAR OAKS DRIVE
14 CITY - ST - ZIP	MONTVERDE, FL 34756
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	16143 HARBAR OAKS DRIVE
34 CITY - ST - ZIP	MONTVERDE, FL 34756
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Martina S. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARTHA S. DAVIS

(407) 423-9342
Date
Typed Name