

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90200 033 ***150.00

DOCUMENT # G40764

1. Corporation Name

SANFORD CONCRETE & PAVEMENT MARKINGS, INC.

Principal Place of Business

% LOUIS P. THEISEN
800 HICKMAN CIRCLE, I-4 INDUSTRIAL PARK
SANFORD FL 32771

Mailing Address

% LOUIS P. THEISEN
800 HICKMAN CIRCLE, I-4 INDUSTRIAL PARK
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1983

4. FEI Number

58-2289438

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THEISEN, LOUIS P.
216 HICKMAN DR., I-4
INDUSTRIAL PARK
SANFORD FL 32771

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 D ☐ DELETE
NAME BARMAN, DOUGLAS N.
STREET ADDRESS 4010 DRAKE RD.
CITY-ST-ZIP NORWALK OH

1.1 TITLE ☒ Change ☒ Addition

TITLE STD ☐ DELETE
NAME HUG, STEVEN C.
STREET ADDRESS 1 JENNIFER WAY
CITY-ST-ZIP NORWALK OH

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME THEISEN, LOUIS P.
STREET ADDRESS 459 HAMPTONCREST CIRCLE
CITY-ST-ZIP HEATHROW FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME MCFADDEN, JAMES M.
STREET ADDRESS PATTON TRACT RD.
CITY-ST-ZIP N MONROEVILLE OH

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME REICHERT, GERALD
STREET ADDRESS 128 SYCAMORE DRIVE
CITY-ST-ZIP NORWALK OH

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME KEVIN P. THEISEN
STREET ADDRESS 600 CHOCKTAW ST.
CITY-ST-ZIP LAKE MARY, FLA

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

(407) 321-1010

Daytime Phone #

CR2E034 (11/98)

007257