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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

G47770

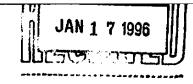
(4)

ELDORADO CONCRETE & PUMPING, INC.

Principal Place of Business
133 EAST BAY ST

Mailing Address

133	EAST	BAY	ST	
JAC	KSON	/ILLE	FL	3220



	JACKSONVILLE FL 322	LLE FL 32202 JACKSONVILLE FL 32202							
								3. Date Incorporated or Qualified 3a. D 07/07/1983	oate of Last Report 04/18/1995
2. P	rincipa' Place of Busin	ess	2a 26	. Mailing Address				4. FEI Number 59-2311028	Applied For Not Applicable
:1 	uite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
3	City & State		28	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z 41	ip	Country 25	29	Zip	Соц 30	intry			
-1-	9. Name	and Address of Cu	rrent Regis	stered Agent	-4	Γ		Name and Address of New Register	ed Agent
						81	Name		
	COKER, HOWAI 10 S. NEWNAN	ST.				82	Street Adore	ess (P.O. Box Number is Not Acceptable)	
	JACKSONVILLE	FL 32202				10. Name and Address of New Registered Agent 81 Name			

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 Floridal State change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	OFFICERS AND DIRECTO	DRS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	P	DELETE	1 1 TITLE	☐ Change	Addition Addition
NAME	SIMMONS, ROBERT C.		1 2 NAME		
STREET ADDRESS	133 E. BAY STREET		13 STHEFT ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 C+1Y - S1 - Z*P		· · · · · · · · · · · · · · · · · · ·
THEF		DELETE	2 1 TITLE	Change	Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CH Y - ST - ZIP		
		DELETE	3 1 THLE	' Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City - St - ZiP			34 CITY - ST ZIP		
TITLE		DELETE	4 1 TITLE	Change	Addition
NAME			4.2 NAME		
STREET ADDRESS	•		4.3 STREET ADORESS		
DITY-ST-ZIP			4.4 City - ST - ZiP		
TiTLE		☐ DELETE	5 1 THILE	Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP			5.4 CHY - ST-ZIP		
TITLE		DELETE	6 1 TIFLE	☐ Change	Addition Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADORESS		
CITY-ST ZIP		_	64 C/Tr ST ZIP	or the exercition stated in Section 119.07(3)(iii). Florida Statu	

4. I do hereby certify that the information supplied with this filling's voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4). Florida Statutes. Furnish certify that the information indicated on this parametric report is superplayed a ground report is true and are that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the 70 perusory of the 10 perusor

SIGNATURE:

SIGNTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT C. SIMINONS

4-22-96 9

904-350-9668 Daytine Phone #

B2E034 (12/95)