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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G47770

(4)

ELDORADO CONCRETE & PUMPING, INC.

Principal Place of Business

Mailing Address

FILED May 01 1998 8:00am Secretary of State



133 EAST BAY ST JACKSONVILLE FL 32202		133 EAST BAY ST JACKSONVILLE FL 32202			DO NOT WRITE	IN THIS S	SPACE		
						3. Date Incorporated or Qualified 07/07/1983	,	-	
	ace of Business	2a. Mailing Address 26 C/O Mail Boxes Etc			4. FEI Number		<u> </u>	pplied For	
21	l of				59-2311028			ot Applicable	
Suite, Apt. #		4446-47A# Hendricks Ave Box 137			5. Certificate of Status Desired			Additional equired	
City & State		28]	Jácksonville FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	^{7(p)} 32207	30 Co	untry Duv	/al	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	g. Name and Address of Curre	ent Registered Agent		-		10. Name and Address of New Re	gistered /	igent	
COKER, HOWARD C				81	Name				[
	s, <u>N</u> ewnan St. K so nville Fl 32202				Street Add	ess (P.O. Box Number is Not Acceptable)			
				83					
				84	City	A1F	FL	85 Zip	Code
office or re	o the provisions of Sections 607.05 g ister ed agent, or both, in the Stat n famili ar with, and accept the obti	e of Florida. Such change was	authorize	ed by t	named co the corpor	rporation submits this statement for the patients board of directors. I hereby acceptions	purpose of ot the appo	changing i pintment as	its registered registered
SIGNATURE		· · · · · · · · · · · · · · · · · · ·							
	Signature typed or printed name of registered a	gent and take if applicable (NC ND DIRECTORS			l signature req	uired when reinstating)	DATE	DIDECTO	
12.	P	ID DIRECTORS 13.			Т	ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	Addition
NAME	\$HMMONS, ROBERT C.	1.2 N							
STREET ADDRESS	133 E. BAY STREET				ODBESS				[
CITY-ST-ZIP	JACKSONVILLE FL		1.4 (CITY-ST	ZIP				
TITLE	☐ DELETE			2.1 TITLE				Change	Addition
NAME			2.21	NAME					
STREET ADDRESS			2.3 5	STREET A	DORESS		. :		
CITY-ST-ZIP			2. 4	CITY-ST	- ZIP		4 3		
TITLE		☐ DELFTE	3.1 1	ITLE	1		# 	L Change	Addition
NAME			3.21	AME	Į		i		Į
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TITLE		_ otter	4.11	NAME			ş.,	Change	C Addition
NAME CERCET APPRICES					DODECC			:	
STREET ADDRESS				OTY - ST-	DDRESS				
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NAME			5.2 N)				
STREET ADDRESS					DORESS				
CITY-ST-ZIP				HY-ST					
TITLE		DELETE	6.1 T					Change	Addition
NAME			6.21	IAME					
STREET ADORESS			6.3 S	TREET A	DDRESS				i
CITY-ST-ZIP		<u>-</u>	6.4 (-12-YIK	- ZiP				
44 I hereby co	ertify that the information supplied	with this filing does not qualify	for the ex	emoti	nn stated i	n Section 119.07/3)(i) Florida Statutes I	further cer	dify that the	information

14. I 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 supplierrental 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 furstee 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 a state-timent with an address.