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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

G93956

(2)

FILED Apr 01 1998 8:00am Secretary of State

MICHIC	GAN CONCRETE, INC.	. ,			
Principal Plac	e of Business	Mailing Address		a denotati nadio daling taking datah nation dali	YN HIBIA BIBN BIBN BIBN 1981
1510 COMMCERCIAL PARK DRIVE 1510 COMMERCIAL PARK DRIV SUTE 2 SUITE 2 LAKELAND FL 33801 LAKELAND FL 33801			DRIVE	DO NOT WRITE IN THIS	S SPACE
US		US		3. Date incorporated or Qualified	
				03/30/1984	
	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21	A. A.	26		59-2401320	Not Applicable
Suite, Apt.	. # , etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25		30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren	I Hegistered Agent	81 Name	10. Name and Address of New Registere	5 Agent
	WOSCINSKI, ALAN C		81 Name		
1510 COMMERCIAL PARK DRIVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
,	HTE 2		83		
LA	KELAND FL 33801				
ļ			84 City	F	85 Zip Code
11, Pursuant office or agent. I a	to the provisions of Sections 607.050, registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was au ations of, Section 607.0505, Flor	s, the above-named corputhorized by the corporal rida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the statement of the purpose tion's possible to the statement of the purpose the	
SIGNATURE					
	Signature, typed or printed name of registered ager		Registered Agent signature requi	·	ID DIDECTORS III 40
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AT	Change Addition
NAME	PD Sawoscinski, Alan C.	DEEE.E	1.2 NAME		
STREET ADDRESS	29 BASS STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	SAWOSCINSKI, WALTER A.		2.2 NAME		
STREET ADDRESS	11020 TEN OAKS DR,.		2.3 STREET ADDRESS	<i>i</i>	
CITY-ST-ZIP	HUDSON FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	l		3.3 STREET ADDRESS		ļ
CITY-ST-ZIP		Liberare	3.4. CITY-ST-ZIP		Change Addition
TITLE	,	☐ DELETE	4.1 TITLE		Change Addition
NAME CTREET ADDRESS			4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TIFLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	1		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby	certify that the information supplied wi	th this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

I hereby certify that the information supplied with this filing doos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Turther 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 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 a address.