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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 18 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

CITY-ST-ZIP

SIGNATURE:

DOCUMENT # H02394

(5)

CROWN CONCRETE SERVICES, INC.

Principal Place of Business Mailing Address											
930 SPRINGBAI ORANGE CITY			890 SPRINGBANK AVENUE ORANGE CITY FL 32763-5724								
								3. Date Incorporated or Qualified 05/07/1984		ate of Last R 04/1996	leport
2. Principal Place of Business			2a. Mailing Address					4. FEI Number			oplied For
21 State And Table			26 S. Mart M. 14					59-242230 Not Applicable			
State, Apt. #, etc 22			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State		—	City & State					6. Election Campaign Financing		\$5.00	
<b>23</b> Zip	Country	28 7	Zip Country					Trust Fund Contribution	<u> </u>	Added	
24	25	29	— — — ·				-	8. This corporation has liability for intangible tax under s 199 032, Florida Statutes			
	9. Name and Address of Curre		ed Agent	1001				10. Name and Address of New Re			
PRE	SCOTT, KATHLEEN M.				81	Name	е				
930 SPRINGBANK AVENUE ORANGE CITY FL 32763						Stree	t Addres	ess (P.O. Box Number is Not Acceptable)			
UIV	HOE OIT I'E SEIDS				63						<del></del>
					84	City	· · · · · · · · · · · · · · · · · · ·		FL	85 Zip (	Code
Office or re agent 1 ar	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida gations of, S	Such change was lection 607.0505, FI	authoriz lorida St	ed by atutes	/ the co s.	orporation	ation submits this statement for the p a's board of directors. I hereby accep	ot the app	changing it ointment as	s registered registered
12.	Signature Typed or printed name of registered ag OFFICERS AN			TE- Registe	-	nt signatu	berluper en	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE PEDG AND	DIDECTOR	OC IN 10
TITUS TITUS	***************************************		DELETE	11 TITLE			T	ADDITIONS/OFFANGES TO OFFIC	AND AND	Change	Addition
NAME	PRESCOTT, RICHARD A.			1.2	NAME						
STREET ADDRESS	930 SPRINGBANK AVENUE			1.3	STAEET	ADDRESS	;				
CITY-ST-7IP	ORANGE CITY FL	·			CITY-S	T-ZIP					
1) ft.E			DELETE		TITLE					Change	Addition
NAME				•	NAME						
STREET ADDRESS Offy-S1-7'P'				1		ADDRESS	3				
10LE			DELETE		CITY-5	51 - ZIP				Change	Addition
NAME				3.2	NAME						
STREET ADDRESS				3.3	STREET	ADDRESS	;				
CITY-\$1-7:P	TOTAL COLUMN TO A STATE OF THE STATE COLUMN TAXABLE AND A STATE OF THE			3.4	CITY - S	T-ZIP	ļ.,	***************************************			
TITLE			☐ DELETE		TITLE					Change	Addition
NAME CTATAL A DESIGNATION					NAME		.				
STHEET ADDRESS DITY-ST-Zip						ADDRESS	·				
1-716	** FFFT FFFT 1		☐ DEŁETE		CITY-S TITLE	1 - YIL,	+			Change	Addition
NAME					NAME						
STREET ADORESS						ADDRESS	;				
CITY-ST-Zif*				5.4	CITY·S	T-ZIP					
TiTLE			DELETE	6.1	TITLE					☐ Change	Addition
NAME				6.2	NAME						
STREET ADDRESS				6.3	STREET	ADDRESS	; ]				

6.4 CITY - ST - ZIP 14. I do 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 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.