

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

FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H70967 (5)
1. Corporation Name
JOHNSTON & SIMONS CONCRETE PLACING AND FINISHING, INC.

Principal Place of Business % THEODORE JOHNSTON 11547 CHARLIE'S TERRACE FORT MYERS FL 33907	Mailing Address % THEODORE JOHNSTON 11547 CHARLIE'S TERRACE FORT MYERS FL 33907-3055
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/13/1985	3a. Date of Last Report 06/10/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-2560538	Applied For <input type="checkbox"/> Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSTON, THEODORE 11547 CHARLIE'S TERRACE FORT MYERS FL 33907				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				FL	

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: _____ (NOTE: Registered Agent signature required when reinstating) **DATE:** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME JOHNSTON, THEODORE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11547 CHARLIE'S TERRACE	CITY - ST - ZIP FORT MYERS FL	1.1 TITLE	1.2 NAME
TITLE STD	NAME SIMONS, WILLIAM W.	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11547 CHARLIE'S TERRACE	CITY - ST - ZIP FORT MYERS FL	2.1 TITLE	2.2 NAME
TITLE	NAME	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3.1 TITLE	3.2 NAME
TITLE	NAME	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.1 TITLE	4.2 NAME
TITLE	NAME	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.1 TITLE	5.2 NAME
TITLE	NAME	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	CITY - ST - ZIP	11.1 TITLE	11.2 NAME
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STREET ADDRESS	CITY - ST - ZIP	40.1 TITLE	40.2 NAME
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