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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H71725 1. Corporation Name

TINCHER CONCRETE CONSTRUCTION, INC.

Principal Place of Business Mailing Address							
16900 GATOR RD 16900 GATOR RD							
FT. MYERS FL 33912 FT. MYERS FL 33912							DO NOT WRITE IN THIS SPACE
US US							3. Date Incorporated or Qualifed
							08/19/1985
<u> </u>	(6)	7 20	Mailing Addross				4. FEI Number Applied For
2. Principal Place of Business			2a. Mailing Address				59-2570133 Not Applicable
21		26	Suite, Apt. #, etc.				\$8.75 Additional
Suite, Apt. #, etc.		Ь	⊢ ''				5. Certificate of Status Desired Fee Required
City & State		- (27)	City & State				6. Election Campaign Financing \$5.00 May Be
City & State		200	<u>⊢</u> ¬ ´				Trust Fund Contribution Added to Fees
Zip Country			Zip Country				8. This corporation owes the current year Intangible
Zip	,		29 30				Personal Property Tax.
24	9. Name and Address of Curr		tered Agent	30			10. Name and Address of New Registered Agent
	3. Name and Address of Con-	ant regio	itoroa rigant	8	1	Name	
KAY	USA, MICHAEL F			8	\perp		
1922 VICTORIA AVENUE						Street Add	Idress (P.O. Box Number is Not Acceptable)
SUITE A							
	MYERS FL 33912			8	~		
	11 213 7 2 335 12			8	4	City	FL 85 Zip Code
office or r	egistered agent, or both, in the Stat	e of Fioria	da. Such change was a	utnorizea d	νı	ine corporati	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obli	gations of	, Section 607.0505, Flo	rida Statute	s.		
SIGNATURE	•						
	Signature, typed or printed name of registered a				ent	signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS /	ND DIRE	CTORS DELETE	13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD HAMES B		(") NETELE	1.1 TITLE			C Oversign
NAME	TINCHER, JAMES D.			1.2 NAM		*	
STREET ADDRESS	18660 RIVER ESTATES LANE	:				ADDRESS	
CITY-ST-ZIP	ALVA FL			1.4 CITY	_	-ZIP	☐ Change ☐ Addition
TITLE	VD		☐ DELETE	2.1 TITLE			[] Change [] Addition
NAME	THOREM, TELLUTION		2.2 NAM	E	- 1		
STREET ADDRESS	3608 HERITAGE LANE			2.3 STRE	ET.	ADDRESS	
CITY-ST-ZIP	FT. MYERS FL			2. 4 CITY	<u>- ST</u>	T-ZIP	
TITLE	DST		☐ DELETE	3.1 TITLE	3	Ī	Change Addition
NAME	Through the tree		3.2 NAM	E			
"STREET ADDRESS	-17565-LEE RD-	· · · —-	The second second	~ ≅ 3.3 STRE	ŧΕΤ	ADDRESS =	the state of the s
CITY-ST-ZIP *	FT MYERS FL			3.4. CITY	-ST	T-ZIP	
TITLE			☐ DELETE	4.1 TITLE	È		☐ Change ☐ Addition
NAME				4. 2 NAM	Œ		
STREET ADDRESS				4.3 STR	ΈT	ADORESS	
CITY-ST-ZIP				4.4 CITY	- ST	r-zip	
TITLE			☐ DELETE	5.1 TITLE	=	i i	☐ Change ☐ Addition
NAME				5.2 NAM	E		
STREET ADDRESS				5.3 STRI	ET	ADDRESS	
CITY-ST-ZIP				5.4 CITY	-ST	r-ZIP	
TILE		-	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME				6.2 NAM	E		
STREET ANDRESS				6.3 STR	ЕТ	ADDRESS	

6.4 CITY-ST-ZIP 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 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, with all other like empowered.

SIGNATURE:

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90071 017 ***150.00