

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H73175** (2)

1. Corporation Name

**BECKER CONCRETE, INC.**



Principal Place of Business

**C/O CHRISTIANSEN & DEHNER, PA  
2975 BEE RIDGE RD.  
SARASOTA FL 34239**

Mailing Address

**C/O CHRISTIANSEN & DEHNER, PA  
2975 BEE RIDGE RD.  
SARASOTA FL 34239**

3. Date Incorporated or Qualified  
**08/27/1985**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **6393 DANNER DR.**

26 **6393 DANNER DR.**

4. FEI Number  
**59-2575908**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

23 City & State

28 City & State

**SARASOTA, FL.**

**SARASOTA, FL.**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

24 Zip

Country

29 Zip

Country

**34240**

**SARASOTA**

**34240**

**SARASOTA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHRISTIANSEN & DEHNER, P.A.  
2975 BEE RIDGE ROAD  
SUITE #C  
SARASOTA FL 34239**

81 Name  
**SAMUEL R. BECKER**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6393 DANNER DR.**

83 **SARASOTA, FL. 34240**

84 City  
**SARASOTA**

85 Zip Code  
**FL 34240**

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, 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 607.050, Florida Statutes.

SIGNATURE

*Samuel R. Becker*

**SAMUEL R. BECKER, Pres.**

**2-26-96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
BECKER, SAMUEL  
106 SEASONS DRIVE  
PUNTA GORDA FL**

TITLE ☐ DELETE

**ST  
BECKER, SCOTT S  
413 E LAKE DR.  
SARASOTA FL**

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE

*Samuel R. Becker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SAMUEL R. BECKER PRES 2-26-96 941-371-0567**  
Date Daytime Phone #

CR2E034 (12/95)