SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999
DOCUMENT # H

SIGNATURE

H74495

ERICKSON CONCRETE PUMPING, INC.

FILED Jul 13, 1999 8:00 am Secretary of State

07-13-1999 90008 010 ***550.00

7-8-99 Sul-470-7276

Principal Place	of Business	Mailing Address					-\	BION ONLY OLDER CHOIS BIBST OF US BIOST CHOIS TOOL	
% KARL ERICKSON 22131 CANDLE CT. BOCA RATON FL 33428		% KARL ERICKSON 22131 CANDLE CT. BOCA RATON FL 33428				•	3. Date Incorporated or Qualified	TE IN THIS SPACE	
2. Principal Pla	ace of Business	2a. Mailing Address					09/05/1985 4. FEI Number	Applied For	
21		26					59-2569425	Not Applicable	
Suite, Apt. 4	≠, etc.	Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22		27					5. Certificate of offatus Desired	Fee Required	
City & State)		City & State				6. Election Campaign Financing	\$5.00 May Be	
23	0		Zip Country				Trust Fund Contribution	Added to Fees	
Zip	Country	29	30		outiny		 This corporation owes the current Intangible Personal Property. 	Yes No	
24	9. Name and Address of Current Registered Agent		Agent				10. Name and Address of New R	egistered Agent	
		<u> </u>			31	Name	1 27/2		
ERICKSON, KARL				-	82 Street Address (P.O. Box Number is Not Acceptable)		ble)		
	B1 CANDLE COURT								
BOC	CA RATON FL 33428				33				
					34	City	FL 85 Zip Code		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12. OFFICERS AND DIRECTORS 13.							ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12	
TITLE	PTD	DELETE 1.1		1.1 TITL	E			Change Addition	
NAME	ERICKSON, KARL 1.		1.2 NAM	1.2 NAME					
STREET ADDRESS	22131 CANDLE CT.				1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY		ŽIP			
TITLE	V\$		☐ DELETE		2.1 TITLE			Change Addition	
NAME	ERICKSON, CHERYL				2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS	200120120		~		2.4 CITY-ST-ZIP				
CITY-ST-ZIP	BOOM IMION FL			3.1 TITL		CIF .		Change Addition	
NAME					3.2 NAME			_ , _	
STREET ADDRESS				3.3 STRE	EET#	ADDRESS			
CITY-ST-ZIP				3.4 CITY	/-ST-:	ZIP			
TITLE			DELETE		4.1 TITLE			Change Addition	
NAME				4,2 NAM					
STREET ADDRESS				1		ADDRESS			
CITY-ST-ZIP				4,4 CITY 5.1 TITL		ZIP		Change Addition	
NAME .			DELETE	5.2 NAM				Change Change	
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				5.4 CITY					
TITLE		***	DELETE	6.1 TITL				Change Addition	
NAMÉ				6.2 NAM	Œ			-	
STREET ADDRESS	•			6.3 STR	EET /	ADORESS			
CITY-ST-ZIP				6.4 CITY			***		
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.									