## 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 # H88851

JACK WEIR CONCRETE, INC.

				_						
Principal Place	e of Business	Mailing Address				1 (1001015 1130) 1010)	9191 <u>1</u> 8191 91		***************************************	, , , , , , , , , , , , , , , , , , ,
6104 ALLEN LA LAKELAND FL	•	6104 ALLEN LANE LAKELAND FL 33811	· · · · · · · · · · · · · · · · · · ·			DO NOT WRITE IN THIS SPACE				
						3. Date incorporated or 12/09/1985	Qualifed		,	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			At	plied For
21		26				59-2610893			No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired					
City & State	е	. City & State				Election Campaign F Trust Fund Contribut	-		•	May Be to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owe Personal Property To	s the curr	ent year In	tangible	□No
24	9. Name and Address of Curren	29	[30]	_		10. Name and Address		Registered		
	J. Hane and Address of Conton	t regions ou rigorit		81	Name					· -
PITTMAN, ROBERT S.º 1828 S. FLORIDA AVENUE				82	Street Ac	dress (P.O. Box Number is N	ot Accepta	able)		
LAKI	ELAND FL 33803	•		83	-					
-				84	City		.;	FL	85 Zip	Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the control of th	lions of, Section 607.0505, Fit		utes.		orporation submits this statementation's board of directors. I her	ent for the eby acce	purpose of pt the appo	f changing its intment as re	registered gistered
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	Agent	Signature redi	ADDITIONS/CHANGE	S TO OF		ND DIRECTO	ORS IN 12
TITLE	D	DELETE	1,1 111	n.e			-		Change	Addition
NAME	WEIR, EVA JEAN		1.2 NA	ME.						
STREET ADDRESS	6104 ALLEN LANE		1.3 ST	REET /	ADDRESS					
CITY-ST-ZIP	LAKELAND FL	•		TY-ST-						
TITLE		☐ DELETE	2.1 TIT				•		Change	☐ Addition
NAME			2.2 NA	ME						
STREET ADDRESS		2.3		2.3 STREET ADDRESS		•				
CITY-ST-ZIP			2. 4 CI	2.4 CfTY-ST-ZtP -		•				<del>-</del> -
TITLE		DELETE 3.1		3.1 TITLE					Change	Addition
NAME			3.2 NA	ME						
STREET ADDRESS	· · · · · ·		3.3 ST	REET,	ADDRESS					÷
CITY-ST-ZIP			3.4. C	ITY-ST	- ZIP					
₹∏LE		☐ DELETE	4.1 TI	TLE					Change	☐ Addition
NAME	· '		4. 2 N	AME	ļ					
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP			_	TY-ST	-ZIP					[] A J.J.
TITLE		☐ DELETÉ	5.1 TI	ΠLE					Change	☐ Addition

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition

CR2E034 (11/98)

May 01, 1999 8:00 am Secretary of State

05-01-1999 90075 014 \*\*\*150.00