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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Mar 10 1998 8:00am

ANN	1998			Secretary of State DIVISION OF CORPORATIONS			Se	Secretary of State			
	IMENT ion Name CONCRET		95677 STRIES, INC.	(1)							
Principal Pla	on of Busines			ailing Address				ILLE BLITH TEGIT 1961 BJEIL	FIRM CIDIL DIGIT FI		
Principal Place of Business 23902 COUNTY ROAD 561 P.O. BOX 157 ASTATULA FL 34705			23 P.	Mailing Address 23902 COUNTY ROAD 561 P.O. BOX 157 ASTATULA FL 34705			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated 01/23/1986				
2. Principal Place of Business				2a. Mailing Address			4. FEI Number 59-2635756		 	Applied For	l
Suite, Apt. #, etc.				Suite, Apt. #, etc.			39-2033/30			lot Applicable Additional	{
22				27			6. Certificate of Statu	s Desired		Required	l
City & Sta	ate		28	City & State			6. Election Campaign Trust Fund Contrib	· -		May Be to Fees	
Zip		Country	· —	Zιp	Cour	ntry	8. This corporation of	•		~	
24 25 25 Name and Address of Curre				29 30			Personal Property 10. Name and Addre			∐ No	ł
KN	IOTTS, GRE					81 Name					
	02 DEER LA		E) ₂	82 Street Ad	ddress (P.O. Box Number is	Not Acceptable)			ł
	O. BOX 157				L		SI ISONIDA I AOC. O. I) ESOIDO	THOC ACCOPTAGIO			l
AP	POPKA FL 3	2740				83					ı
					ļ,	84 City			85 Zip	Code	İ
11 Pureuani	t to the provis	ions of Secti	one 607 0502 and 60	07 1508 Florida Statu	ites the ah	ove-named co	ornoration submits this state			its registered	ĺ
office or	registered ag	ent, or both	, in the State of Florid	la. Such change was	authorized	by the corpo	orporation submits this state oration's board of directors. I	hereby accept the	appointment a	s registered	(
SIGNATURE		in, and noo	cpt the disligations of	, 600(1011 607.0000, 11	ionad otale						
	Signature, lyped		of registered agent and title			Agent signature re	quired when reinstating)	DA		20 11 40	É
12.		OI	FFICERS AND DIREC	DELETE	13.	F -	ADDITIONS/CHANC	SES TO OFFICERS	AND DIRECTO	Addition	Š
NAME	SWINGL	E. BILL			1.2 NAM	i i					3
STREET ADDRESS	40000 CO DD 604					EET ADDRESS					3
CITY-ST-ZIP	ASTATU	LA FL				r-ST-ZIP					ន
TITLE	PD			☐ DELET E	2.1 T(TL	Ę			☐ Change	Addition	۲
NAME		RICHARD V	٧		2.2 NAA	AE					ĺ
STREET ADDRESS	VALLEY CITY OH					EET ADDRESS					l
CITY-ST-ZIP	VALLET	CITT ON		DELETE		Y-ST-ZIP			Change	Addition	l
TITLE NAME	1	E, DANIEL	B.		3.1 TITL 3.2 NAN	1			L_I Glidings	LI Addition	
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TITLE	vsi			☐ DELETÉ	4.1 DTL	E			Change	Addition	ı
NAME	AAA AALIMADIA DA			4. 2 NAM		1					ļ
STREET ADDRESS	VALLEY OFFY OF			4.3 STREET ADDRESS						ı	
CITY-ST-ZIP	VALLET	UIT UIT		DELETE	4.4 CITY 5.1 TITL	r-ST-ZIP		 ·	Change	Addition	į
TITLE NAME	}			L PLLLIE	5.1 MIL				Land Change		ļ
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP						r-ST-ZIP					!
TITLE				DELETE	6.1 7ITL				Change	Addition	
NAME					6.2 NAM	ır İ				l	i
STREET ADDRESS					1	"				ı	
	}				6.3 STR	EET ADDRESS					
CITY-ST-ZIP	certify that the	a Information	supplied with this ti	ling does not qualify t	6.3 STR 6.4 City	EET ADDRESS '-St-Zip	in Section 119.07(3)(i), Flori	da Statutes I furthe	or certify that the	e information	

I hereby certify that the information supplied with this filing does not qualify for the exempting stated in Section 119.0/(3)(i). Florida statutes. I turner certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shell have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or tursee empoward of 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.