FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H99895** **(5)**

1. Corporation Name

CENTERLINE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
500 NE SPANISH TRAIL BOCA RATON FL 33432	500 NE SPANISH TRAIL BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1986
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business
21: 850 E. PALM AVE
22: Suite, Apt. #, etc.
23: City & State: BOCA RATON FL
24: Zip: 33432
25: County: Palm Beach

2a. Mailing Address
26:
27: Suite, Apt. #, etc.: SAME
28: City & State:
29: Zip:
30: Country:

4. FEI Number: 59-2641527 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has authority to indemnify its officers & directors pursuant to Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, JAMES
500 NE SPANISH TRAIL
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: JAMES WILLIAMS
82 Street Address (P.O. Box Number is Not Acceptable): 850 PALM AVE
83:
84 City: BOCA RATON FL 85 Zip Code: 33432

11. Pursuant to the provisions of Section 48.091 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 that position, Florida Statutes.

SIGNATURE: James Williams

12. OFFICER AND DIRECTOR(S)	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE: PSD NAME: WILLIAMS, JAMES STREET ADDRESS: 500 NE SPANISH TRAIL CITY-ST-ZIP: BOCA RATON FL	☒ Change ☐ Addition TITLE: PDS NAME: JAMES WILLIAMS STREET ADDRESS: 850 PALM AVE CITY-ST-ZIP: BOCA RATON FL 33432
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I declare that I have examined the information supplied with the above voluntarily furnished and that, 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 above, or on an attachment with an address.

SIGNATURE: James Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES WILLIAMS

Pres 4/19/95 407-367-8851

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # J01602 (8)

1. Corporation Name
CHARLIE'S SHOTCRETE, INC.

Principal Place of Business	Mailing Address
1640 RIDGEWOOD ST CLEARWATER FL 34615 US	1640 RIDGEWOOD ST CLEARWATER FL 34615 US

16
TALLAHASSEE
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 401 Hobart Ave.	26 401 Hobart Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Clwr. Fl	28 City & State: Clwr. Fl
24 Zip: 34615 · 25 Country: US	29 Zip: 34615 · 30 Country: US

3. Date Incorporated or Qualified: 02/28/1986
3a. Date of Last Report: 05/26/1994
4. FEI Number: 59-2656089 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCONNELL, LESLIE 10088 N. WIND CT. SPRING HILL FL 34608	81 Name: Leslie McConnell 82 Street Address (P.O. Box Number is Not Acceptable) 83 401 Hobart Ave. 84 City: Clearwater FL 85 Zip Code: 34615

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	[ ] Change [ ] Addition
NAME	BENNISON, RICHARD T.	1 NAME	
STREET ADDRESS	599 BAY ESPLANADE	1 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1 CITY-ST-ZIP	
TITLE	P	2 TITLE	[X] Change [ ] Addition
NAME	MCCONNELL, LESLIE	2 NAME	
STREET ADDRESS	1640 RIDGEWOOD	2 STREET ADDRESS	401 Hobart Ave.
CITY-ST-ZIP	CLEARWATER FL	2 CITY-ST-ZIP	Clwr. Fl. 34615
TITLE	VT	3 TITLE	[X] Change [ ] Addition
NAME	MCCONNELL, DENISE	3 NAME	
STREET ADDRESS	1640 RIDGEWOOD	3 STREET ADDRESS	401 Hobart Ave.
CITY-ST-ZIP	CLEARWATER FL	3 CITY-ST-ZIP	Clwr. Fl. 34615
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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)(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.

SIGNATURE: McConnell — 4.30.95 — (813) 446-3529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · DATE · DAYTIME PHONE #

0388000 CP