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 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J01533** **(5)**

1. Corporate Name
COMMERCIAL CONCRETE RESTORATIONS, INC.

Principal Place of Business
407 COMMERCE WAY
SUITE 10A
JUPITER FL 33458

Mailing Address
407 COMMERCE WAY
SUITE 10A
JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date first organized (Domestic) **02/27/1986**	3a. Date of Last Report **08/15/1994**
4. FEI Number **59-2748261**	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. The corporation has liability for intangibles tax under s. 199.032 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business — 21 / Suite/Apt. # — 22 / City & State — 23 / ZIP — 24 / County — 25

2a. Mailing Address — 26 / Suite/Apt. # — 27 / City & State — 28 / ZIP — 29 / County — 30

9. Name and Address of Current Registered Agent

BLANEY, JERRI M.
11380 PROSPERITY FARMS ROAD 203
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1005 and 617.1905, Florida Statutes, the above named corporation submits the 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	SANDERS, IRVING	NAME	
STREET ADDRESS	300 OCEAN TRAIL WAY	STREET ADDRESS	
CITY ST ZIP	JUPITER FL	CITY ST ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SANDERS, IRVING	NAME	
STREET ADDRESS	300 OCEAN TRAIL WAY	STREET ADDRESS	
CITY ST ZIP	JUPITER FL	CITY ST ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	PIERMAN, MAUREEN	NAME	
STREET ADDRESS	300 OCEAN TRAIL WAY	STREET ADDRESS	
CITY ST ZIP	JUPITER FL	CITY ST ZIP	
TITLE	V	TITLE	V ☒ Change ☐ Addition
NAME	DE FAYER, DEBORAH	NAME	Deborah Ford
STREET ADDRESS	1005 SILVER STREET	STREET ADDRESS	580 Springview Dr.
CITY ST ZIP	OTTAWA, ONTARIO	CITY ST ZIP	Pickering, Ontario
TITLE		TITLE	V ☐ Change ☒ Addition
NAME		NAME	Trayce Neel
STREET ADDRESS		STREET ADDRESS	407 Commerce Way, Ste.10A
CITY ST ZIP		CITY ST ZIP	Jupiter, FL
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I do hereby certify that the information supplied with this report 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 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 with changes or additions reflected with an address.

SIGNATURE: [signature] Maureen E. Pierman 4/28/95 407-744-4512
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0248900 CP