

FILE NOW: FILING FEE AFTER MAY 1 IS \$2200

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J01602 (8)

1. Corporation Name

CHARLIE'S SHOTCRETE, INC.



Principal Place of Business

Mailing Address

401 HOBART AVENUE  
CLEARWATER FL 34615  
US

401 HOBART AVENUE  
CLEARWATER FL 34615  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

MCCONNELL, LESLIE  
401 HOBART AVENUE  
CLEARWATER FL 34615

3. Date Incorporated or Qualified

02/28/1986

3a. Date of Last Report

05/01/1995

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 ☐ Yes ☐ No

10. Name and Address of New Registered Agent

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

3.

4. City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above  
or registered agent, or both, in the State of Florida. Such change was authorized by the  
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I, the undersigned corporation submits this statement for the purpose of changing its registered office  
corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

Signature typed or printed name of registered agent or director (if applicable)

(Printed) Registered Agent Signature (if applicable)

Date

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BENNISON, RICHARD T.  
STREET ADDRESS 599 BAY ESPLANADE  
CITY-ST-ZIP CLEARWATER FL

TITLE P  
NAME MCCONNELL, LESLIE  
STREET ADDRESS 401 HOBART AVENUE  
CITY-ST-ZIP CLEARWATER FL

TITLE VT  
NAME MCCONNELL, DENISE  
STREET ADDRESS 401 HOBART AVENUE  
CITY-ST-ZIP CLEARWATER FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and  
certify that the information indicated on this annual report or supplemental annual report  
oath, that I am an officer or director of the corporation or the receiver or trustee, and my  
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Denise McConnell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-96

(813) 446-5321

CR2E034 (12/95)