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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 09 1998 8:00am Secretary of State



DOCUMENT # J15918 (2)TRAMMELL CONCRETE CONSTRUCTION, INC. Principal Place of Business Mailing Address

25 MINK AVENUE Middleburg fl 32068 Us		25 MINK AVENUE MIDDLEBURG FL 32068		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified 05/22/1986		
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2673538	-	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		_,		\$8.	75 Additional
22		27			5, Certificate of Status Desired		e Required
City & Sta	te	City & State			8. Election Campaign Financing	\$5	.00 May Be
23		28			Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Country	y	8. This corporation owes or has paid the cu		
24	25 g. Name and Address of Curre	29	30			Yes	□ No
70		ur veðisteten viðetit	81	Name	10. Name and Address of New Registered	Agent	
	AMMELL, LORETTA		"	Name			
	MINK AVENUE		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
, MI	DDLEBURG FL 32068		83				
			00				
			84	City	FL	85	Zip Code
44 Purcuent	to the provisions of Castions 607.85	02 and 607 1609 Florida Platul	ton the shoul		rporation submits this statement for the purpose of	• _	
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.05 05 , Fi	orida Statute	S.	ation's board of directors. I hereby accept the appuished when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	DIBEC	TORS IN 12
TITLE	PC	DELETE	1.1 TITLE		, and the second	☐ Cha	
NAME	TRAMMELL, JERRY		1.2 NAME				
STREET ADDRESS	25 MINK AVENUE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIDDLEBURG FL		1.4 CITY - 9	ST-ZIP			
TITLE	81	DELETE	2.1 TITLE			Cha	nge 🔲 Addition
NAME	TRAMMELL, LORETTA		2.2 NAME				
STREET ADDRESS	25 MINK AVE		2.3 STREET	ADDRESS			
CITY-ST-ZIP	MIDDLEBURG FL 32068		2. 4 CITY-	ST-ZIP			
TITLE	VICE PRESIDENT ARVELL TRAMA 2812 FRONTIE	DELETE	3.1 THLE			Cha	nge Addition
NAME	ARVELL TRAMA	TO DIL	3.2 NAME				
STREET ADDRESS	28/2 FRONTIE	(am	3.3 STREET	ADDRESS			
CITY-ST-ZIP	OP PL 3200	2 <u>5</u>	3.4. CHTY - 1	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Char	nge 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE1	ADDRESS			
CITY-ST-ZIP		T ACIETY	4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Char	nge [_] Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Char	nge L Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	1			}
CITY-ST-ZIP			6.4 CITY - S	T-2IP			

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.