

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90255 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J15918

1. Corporation Name
TRAMMELL CONCRETE CONSTRUCTION, INC.



Principal Place of Business 25 MINK AVENUE MIDDLEBURG FL 32068 US	Mailing Address 25 MINK AVENUE MIDDLEBURG FL 32068
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/22/1986	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2673538	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TRAMMELL, LORETTA 25 MINK AVENUE MIDDLEBURG FL 32068				10. Name and Address of New Registered Agent			
				81 Name MARY ANN FASANO			
				82 Street Address (P.O. Box Number is Not Acceptable) 25 MINK AVE			
				83			
				84 City Middleburg FL 85 Zip Code 32068			

11. Pursuant to the provisions of Sections 607.0502 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, Section 607.0505, Florida Statutes.

SIGNATURE **Mary Ann Fasano** **Mary Ann Fasano** DATE **4/26/99**
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PC			1.1 TITLE			
NAME	TRAMMELL, JERRY			1.2 NAME			
STREET ADDRESS	25 MINK AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIDDLEBURG FL			1.4 CITY-ST-ZIP			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	ST			2.1 TITLE	SECY		
NAME	TRAMMELL, LORETTA			2.2 NAME	MARY ANN FASANO		
STREET ADDRESS	25 MINK AVE			2.3 STREET ADDRESS	25 MINK AVE		
CITY-ST-ZIP	MIDDLEBURG FL 32068			2.4 CITY-ST-ZIP	MIDDLEBURG, FL 32068		
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	VP			3.1 TITLE			
NAME	TRAMMELL, ARUELL			3.2 NAME			
STREET ADDRESS	2812 FRONTIER AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	O.P. FL 32065			3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

904-759-9740

CR2E034 (11/98)