

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 1995 10:07

DOCUMENT # **J20726** (2)

1. Corporation Name

CONCRETE PROFILES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O CAROLE F. JOHNS
3225 ANNISTON ROAD
JACKSONVILLE FL 32246
US

C/O CAROLE F. JOHNS
3225 ANNISTON ROAD
JACKSONVILLE FL 32246
US

3. Date Incorporated or Qualified

06/24/1986

3a. Date of Last Report

04/15/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

4. FBI Number

59-2687600

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**

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**JOHNS, A.J.
3225 ANNISTON ROAD
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name

Johns, Carole F.

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

3225 Anniston Road

83

84 City

Jacksonville,

FL

85 Zip Code

32246

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

Carole F. Johns

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

May 30, 1995

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD
NAME	WELLHAUSEN, ASHLEY C.
STREET ADDRESS	2260 UNIVERSITY BLVD N
CITY ST ZIP	JACKSONVILLE FL
TITLE	D
NAME	ANDREWS, RONALD C.
STREET ADDRESS	7251 AUGUSTA DRIVE
CITY ST ZIP	GREEN COVE SPGS FL
TITLE	D
NAME	MAHAFFEY, KENNETH E.
STREET ADDRESS	4033 BESS RAOD
CITY ST ZIP	JACKSONVILLE FL
TITLE	V
NAME	ALTERI, ALLAN
STREET ADDRESS	1639 OCEAN BLVD.
CITY ST ZIP	ATLANTIC BCH FL
TITLE	SD
NAME	JOHNS, A.J.
STREET ADDRESS	13860 HILLDALE DRIVE
CITY ST ZIP	JACKSONVILLE FL
TITLE	PD
NAME	JOHNS, CAROLE F
STREET ADDRESS	13860 HILLDALE DR
CITY ST ZIP	JACKSONVILLE FL

11 TITLE	☒ Change ☐ Addition
12 NAME	RESIGNED
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	RESIGNED
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	RESIGNED
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☒ Addition
42 NAME	Kimberly S. Johns
43 STREET ADDRESS	Secretary
44 CITY ST ZIP	1041 W Lawfin St. Jacksonville, FL 32211
51 TITLE	☒ Change ☐ Addition
52 NAME	RESIGNED
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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:

Carole F. Johns

Carole F. Johns, President

05/30/95

(904) 642-0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number