

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 21 1997 8:00am  
Secretary of State

DOCUMENT # J20726 (2)  
1. Corporation Name  
CONCRETE PROFILES, INC.



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 32246-4805  
US

3. Date Incorporated or Qualified  
06/24/1986

3a. Date of Last Report  
01/26/1996

4. FEI 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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JOHNS, CAROLE F  
3225 ANNISTON RD  
JACKSONVILLE FL 32246

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 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*

1-7-97

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS      | CITY - ST - ZIP   | <input type="checkbox"/> DELETE |
|-------|-------------------|---------------------|-------------------|---------------------------------|
| SV    | JOHNS, KIMBERLY S | 1041 W LAWFIN ST    | JACKSONVILLE FL   |                                 |
| PD    | JOHNS, CAROLE F   | 13860 HILLANDALE DR | JACKSONVILLE FL   |                                 |
| V     | ALTERI, ALLEN R   | 1639 OCEAN BLVD     | ATLANTIC BEACH FL |                                 |
|       |                   |                     |                   |                                 |
|       |                   |                     |                   |                                 |
|       |                   |                     |                   |                                 |
|       |                   |                     |                   |                                 |
|       |                   |                     |                   |                                 |
|       |                   |                     |                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME           | 1.3 STREET ADDRESS   | 1.4 CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------|--------------------|----------------------|------------------------|--|-----------------------------------|
| S/V/T     | JOHNS, KIMBERLY S. | 1041 W LAWFIN STREET | JACKSONVILLE, FL 32211 |  |                                   |
| 2.1 TITLE | 2.2 NAME           | 2.3 STREET ADDRESS   | 2.4 CITY - ST - ZIP    | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|           |                    |                      |                        |  |                                   |
| 3.1 TITLE | 3.2 NAME           | 3.3 STREET ADDRESS   | 3.4 CITY - ST - ZIP    | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|           |                    |                      |                        |  |                                   |
| 4.1 TITLE | 4.2 NAME           | 4.3 STREET ADDRESS   | 4.4 CITY - ST - ZIP    | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|           |                    |                      |                        |  |                                   |
| 5.1 TITLE | 5.2 NAME           | 5.3 STREET ADDRESS   | 5.4 CITY - ST - ZIP    | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|           |                    |                      |                        |  |                                   |
| 6.1 TITLE | 6.2 NAME           | 6.3 STREET ADDRESS   | 6.4 CITY - ST - ZIP    | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|           |                    |                      |                        |  |                                   |

14. I do 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 my address.

SIGNATURE:

*Carole F. Johns*

1-7-97

904 642 0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)