

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90078 031 \*\*\*150.00

DOCUMENT # J20726

1. Corporation Name  
CONCRETE PROFILES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/24/1986

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

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*

Carole F. Johns

1-27-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SVT ☐ DELETE  
NAME JOHNS, KIMBERLY S  
STREET ADDRESS 1041 W LAWFIN ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☐ DELETE  
NAME JOHNS, CAROLE F  
STREET ADDRESS 13860 HILLDALE DR  
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE  
NAME ALTERI, ALLEN R  
STREET ADDRESS 1639 OCEAN BLVD  
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME CAROLE F. JOHNS  
2.3 STREET ADDRESS 12608 Mandarin Road  
2.4 CITY-ST-ZIP Jacksonville, FL 32223

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE V ☐ Change ☒ Addition  
4.2 NAME A. J. JOHNS  
4.3 STREET ADDRESS 12608 MANDARIN ROAD  
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32223

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Carole F. Johns*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carole F. Johns 1-27-99

Date

904-642-0055

Daytime Phone #

CR2E034 (11/98)