## 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

DOCUMENT # J59181

DONALD MCDONALD CONCRETE SERVICES, INC.

Country

9. Name and Address of Current Registered Agent

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MCDONALD, DON 801 NW 70 WAY

MARGATE FL 33063

Principal Place of Busine	SS
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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

801 N.W. 70TH WAY MARGATE FL 33063

22

801 N.W. 70TH WAY MARGATE FL 33063-4338

2a. Mailing Address

City & State

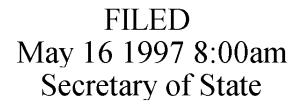
Zip

Suite, Apt. #, etc.

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Added to Fees



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

10. Name and Address of New Registered Agent

☐ Yes ☐ No

Trust Fund Contribution

Florida Statutes

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

84 City 85 Zip Code

Country

81 Name

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			:	PL.	`	
11. Pursuant office or a agent 1 a	to the provisions of Sections 607.0502 an registered agent, or both, in the State of F am familiar with, and accept the obligation	d 607.1508, Florida Statute lorida. Such change was a s of, Section 607.0505, Flo	s, the above-named corp uthorized by the corpora- rida Statutes.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its pintment as	s registered registered
SIGNATURE				4/:	30/97	
3) 3)	Signature, typed or printed name of registered agent and		Registered Agent signature requi	red when reinstating) DATE	7	
12.	OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE		Change	☐ Addition
NAME	MCDONALD, DONALD		1.2 NAME			ŀ
STREET ADDRESS	801 N.W. 70TH WAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL		1.4 CITY - ST - ZIP			
TITLE	VO	DELETE	2.1, TITLE		Change	Addition
NAME	LAMB, JOHN		2.2 NAME			
STREET ADDRESS	801 N.W. 70TH WAY		2.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL		2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4, CITY-ST-ZIP			1
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME 🤫			4 2 NAME			-
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CHY-ST-ZIP			
TITLE	*	DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2;NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		☐ DELETE	61 TITLE		Change	Addition
NAME			6 2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			

64 DITY-ST-ZIP

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 open attachment with an address.