FILED

Apr 29, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

S.A.W. CONCRETE AND CONSTRUCTION INCORPORATED							
Principal Place	e of Business	Mailing Address				01316 01811 01311 B	ICH UICH IURI
8222 WILES ROAD 8222 WILES RD					}		
SUITE 189 SUITE 189							
CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067					DO NOT WRITE IN THIS SPACE		
US US				3. Date Incorporated or Qualifed 03/02/1987			
Principal Place of Business Za. Mailing Address					4. FEI Number	Ap	olied For
21 26					59-2778703		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 △	
22 27			-		3	Fee Re	
City & State City & State					6. Election Campaign Financing	\$5.00	
28 28			Trust Fund Contribution			Added to	o rees
Zip	Country	Zip	Country ⊒		8. This corporation owes the current year		□No
24	25	29 3	<u>D</u>]		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	u Agent	
GOR	re, georgene m.			rvaino			
3000 NORTH FEDERAL HIGHWAY			82	Street A	Address (P.O. Box Number is Not Acceptable)		
POST OFFICE BOX 5828		•	83		<u> </u>		
FORT LAUDERDALE FL 33310]63					
			84	City	F	85 Zip C	ode
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	and 607.1508, Florida Statutes f Florida. Such change was auth ons of, Section 607.0505, Florid	, the above norized by a Statutes	e-named c the corpor	corporation submits this statement for the purpose ration's board of directors. I hereby accept the app	of changing its	registered gistered
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ager	nt signature rec	quired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS /		
TMLE	D .	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	STANFORD, ROBERT VAN JR.		1.2 NAME				
STREET ADDRESS	3151 RIVERSIDE DRIVE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP			По -	T Addition
TITLE	D	☐ DELETE	2.1 TTLE			Change	☐ Addition
NAME	WILSON, EARL STEVENSON		2.2 NAME				
STREET ADDRESS	6051 N.W. 68TH MANOR		2.3 STREET ADDRES				
CITY-ST-ZIP	PARKLAND FL		2.4 CITY-ST-ZIP			Change	☐ Addition
TITLE		DELETE -	3.1 TITLE		·	☐ Change	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.4. CITY-ST-ZIP			☐ Change	☐ Addition
IIILE	ngt .	T) DETEIE				□ ourigo	□. «damo
NAME			4. 2 NAME			•	
STREET ADDRESS	'		4.3 STREET ADDRESS				
C/TY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP			Change	Addition
TITLE			5.1 TITLE 5.2 NAME		·	. Similar	- , , , , , , , , , , , , , , , , , , ,
NAME	ŧ		5.3 STREET ADDRESS				
STREET ADORESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP	•	☐ DELETE	6.1 TITLE			Change	Addition
TITLE		- DELLIC	6.2 NAME				
NAME			1	T ADDRESS			
STREET ADDRESS		6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
CITY-ST-ZIP							

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: