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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAR'IMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90020 049 \*\*\*150.00

## DOCUMENT # J70682

1. Corporation Name

PETTY CONCRETE PUMPING, INC.

Principal Place of Business				Mailing Address				
1255 CHAFFEI: ROAD SOUTH				1255 CHAFFEE ROAD SOUTH				
JACKSONVILLE FL 32221			JA	JACKSONVILLE FL 32221				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualifed 05/04/1987
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
<del>_</del> ¬ '				26				59-2533963 Not Applicable
21 Suite, Act. #, etc.				Suite, Apt. #, etc.				<b>\$8.75</b> Additional
22				27				5. Certificate of Status Desired Fee Required
City & State				City & State				6. Electior Campaign Financing \$5.00 Nay Be
23				28				Trust Fund Contribution Added to Fees
Zip Country				Zip Country				8. This corporation owes the current year Intangible
24	25		29 30					Person al Property Tax. Yes []No
	9. Name an	d Address of Currer	t Regis	stered Agent		Γ.,		10. Name and Address of New Registered Agent
						81	Name	
PETTY, RANDY 1255 CHAFFEE ROAD SOUTH							Street A	Address (P.O. Box Number is Not Acceptable)
JACH	ksonville fl	_ 322?:1				83		
						84	City	85 Zip Code
						1		FL
office or re agent. I a	egistered agent	or both, in the State	ct Flori	ida. Such change was f, Section 607.0505, Fl	autnorize	עס ב	ine corpo	cc rporation submils this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or p	rinted no me of registered age	n and title	if applicable. (NOT	E. Registered	l Agen	t signature re	eq irred when reinstating) DATE
12.		OFFICERS AN	D DIR		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P			☐ DELETE 1.1 TI		TLE	J	Change Addition
NAME	PETTY, RANDY			1.2 N		AME	I	
STREET ADDRESS 1255 CHAFEE ROAD SOUTH				1.3 \$1			ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL			140			-ZIP	
TITLE				☐ DELETE 2.1 TI				☐ Change ☐ Addition
NAME				2.2 N		AME	1	
STREET ADDRESS	ĺ				2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP					2.40	ZITY-S	T-ZIP	<u> </u>
TITLE				DELETE	3.1 T	πE		Change Canadition
NAME	}				3.2 N	AME	1	
STREET ADDF ESS					33S	TREET	ADDRESS	
CITY-ST-ZIP					3.4. (	ITY-S	T-ZIP	<u> </u>
TITLE				☐ DELETE	4.1 T	ITLE		☐ Change ☐ Addition
NAME	<u> </u>				4.21	IAME	1	
STREET ADDIRESS					438	TREET	ADDRESS	
CITY-ST-ZIP	ĺ				440	ITY-S	-ZIP	
TITLE				DELETE	5.1 T	ITLE		☐ Change ☐ Addition
NAME					52 N	AME		
STREET ADD RESS	}				5.3 \$	TREE	ADDRESS	
CITY-ST-ZIP					5.4 0	TY-S	r-ZIP	
TITLE				☐ DELETE	6.1 7	ITLE		☐ Change ☐ Addition
NAME	İ				6.2 N	AME		

14. Thereby 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 office or of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADX RESS

904-283-8260