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

DOCUMENT # J77383

. Corporation Name

HART'S MASONRY & CONCRETE, INC.

Principal Place of Business Mailing Address						1 (40/11/2 (11/2) (40/11 (20/10 (11/2) (11/2) (11/2) (11/2) (11/2) (11/2) (11/2)			
3444 MARINATOWN LANE P.O. BOX 4392									
SUITE 28 N. FT. MYERS FL 33918									
N. FT. MYERS FL 33903						DO NOT WRITE IN THIS SPACE			
US						3. Date Incorporated or Qualifed			ĺ
						06/12/1987			
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Ap	plied For	12
21		26				59-2813206	No	t Applicable	1150000
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				- Constitute of Change Basical	\$8.75 <i>A</i>	Additional	23
22		27				5. Certifcate of Status Desired	Fee Re	quired	
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be	ĺ
23		28				Trust Fund Contribution	Added t		
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Ir	tangihle .		
24	25	29	30	•		Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curren		150	T		10. Name and Address of New Registered	Agent		
	- 1 1 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11091010100100119011		81	Name	and the second s			
, HAR	T PAUL R								1
179	15 CHESTERFIELD RD			82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	T. MYERS FL 33917			83		After a fee and compared to a compared to a size	A SECTION ASSESSMENTS	1-45 g (1-159) 654 (1-658) 9 9 9	1
14. 1	i, michonic 30317			83		1. 15 15 15 15 15 15 15 15 15 15 15 15 15			
•	f -:			84	City		85 Zip (Code	ĺ
B = 0 = 0 = 6 PO = 0 = F	2. 10 4	and the second second			,	Fi	_ -		
1.1., Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the a	bove	named corpor	ration submits this statement for the purpose of	f changing its	registered	
office or r	registered agent, or both, in the State im familiar with, and accept the oblica	of Florida: Such change was a tions of Section 607 0505. Flo	uthorized rida Stat	d by th	ne corporation	's board of directors. I hereby accept the appo	intment as re	gisterea	
SIGNATURE		uona on, occuon oor.oooc, i no	iida Olat				:		ĺ
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	Registered	Agent	signature required v	when reinstating) DATE		'	
12.	OFFICERS AN							RS IN 12	CR2E034 (11/98)
TITLE	PST	☐ DELETE	ELETE 1.1 TiTL		T	•	Change	☐ Addition	1
NAME	HART, PAUL		1.2 NA			•	•		4
STREET ADDRESS 17915 CHESTERFIELD RD					ADDRESS				၂ ဗ
							•		2
C/TY-ST-ZIP	N. FT. MYERS FL 33917		_	1.4 CITY- ST-ZIP 2.1 TITLE			Change	Addition	1 5
TITLE	PSTD	Delete	_				[_] Ollange		-
NAME	HART, PAUL		2.2 N					• ,	
STREET ADDRESS	17915 CHESTERFIELD RD		1 '		TREET ADDRESS				
CITY-ST-ZIP.	N. FT. MYERS FL 33917		_	ITY-ST-	ZIP				ĺ
TITLE 1,5 185	./a * T.7-Gill: Tiberin €:	☐ DELETE	3.1 TI	TLE			☐ Change	Addition	1
NAME	Reservable 1 to 12	£), v	3.2 N	AME					1
STREET ADDRESS	PROCESSOR STATE OF COMMENT OF COMME		3.3 S	TREET	ODRESS	The state of the first of the state of the s	. \$ 1995 \$ 1991 \$ 18 ^{15 5}	ar walling	
CITY-ST-ZIP	分析 系統委員会:		34.0	4. CITY-ST-ZIP					ĺ
TITLE		☐ DELETE	4.1 TI			· 人名斯特 (1) (1)	Change	Addition	
		<u> </u>	4. 2 N			•	_ ,	_	l
NAME	LANGUAR				DDD500				l
STREET ADDRESS] .	• • •			ADDRESS				l
CITY-ST-ZIP"			_	4 CITY-ST-ZIP				□ A → → 121 = +	
TITLE		DELETE	5.1 TI				☐ Change	☐ Addition	
NAME	<u>'</u>	_	5.2 N	AME					i

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.

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

MARS CHESTON OF THE

E. FT. 被关门

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

ATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR PRESTOR

☐ DELETE

R. Hant

-8-99

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90032 028 ***150.00

41-997-9899

Addition

Daytima Phone

☐ Change