

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K06511** (5)
1. Corporation Name
COASTAL CONCRETE PUMPING OF BROWARD, INC.



Principal Place of Business Mailing Address
4685 S.W. 83RD TERRACE
DAVIE FL 33328

3. Date Incorporated or Qualified **12/10/1987** 3a. Date of Last Report **04/28/1995**
4. FEI Number **65-0017267** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

FRECHETTE, DAVID P.
4685 S.W. 83RD TERRACE
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name **JUDY FRECHETTE**
82 Street Address (P.O. Box Number is Not Acceptable)
4685 SW 83 TERRACE
83
84 City **DAVIE** FL 85 Zip Code **33328**

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

Judith P. Frechette

Signature of principal place of business, registered agent and filer if applicable

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **PD JONES, GARY**
STREET ADDRESS **4685 S.W. 83RD TERRACE**
CITY-ST-ZIP **DAVIE FL**
TITLE ☒ DELETE
NAME **VPD FRECHETTE, DAVID P.**
STREET ADDRESS **4685 S.W. 83RD TERRACE**
CITY-ST-ZIP **DAVIE FL**
TITLE ☐ DELETE
NAME **SD FRECHETTE, JUDY**
STREET ADDRESS **4685 S.W. 83RD TERRACE**
CITY-ST-ZIP **DAVIE FL**
TITLE ☐ DELETE
NAME **TD JONES, LINDA**
STREET ADDRESS **4685 S.W. 83RD TERRACE**
CITY-ST-ZIP **DAVIE FL**
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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **VPD Frechette, Judith P.**
3.3 STREET ADDRESS **4685 SW 83 Terr.**
3.4 CITY-ST-ZIP **DAVIE, FL, 33328**
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith P. Frechette

2-27-96

954-434-3449

Date

Daytime Phone #

CR2E034 (12/95)