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

PROFIT CORPORATION ÄNNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K11710

(6)

2a. Mailing Address

CREATIVE CONCRETE, INC.

2. Principal Place of Business

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3. Date Incorporated or Qualified

01/13/1988

4. FEI Number

3a. Date of Last Report

Applied For

05/01/1996

FILED

May 13 1997 8:00am

Secretary of State

Principal Place of Business	Mailing Address	
2221 WACASSA TRAIL SORRENTO FL 32776	32221 WACASSA TRAIL SORRENTO FL 32776-8968	

21		26				59-2880321		No	t Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
City & State	te City & State			•		6. Election Campaign Financing		\$5.00		
23		28				Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	Count	try		B. This corporation has liability for			199.032,	
24	9 Name and Address of Current	Pegletered Agent	30			Florida Statutes 10. Name and Address of New F		☐ No		
9. Name and Address of Current Registered Agent					e	TO, Maine Bile Address of New 1	iogistorou	Agoin		
MCGILVRAY, JOANN 32221 WACASSA TRAIL SORRENTO FL 32776										
			}8	Stree	t Addre	ss (P.O. Box Number is Not Accept	able)			
				83						
			ļe	City			FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statuto	es, the abo	l ove-name	d corpo	oration submits this statement for the	purpose c	f changing it:	s registered	
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	Signature, typod or printed name of registered agen	t and title if applicable (NOTE	Registered /	Agent signah	ure required	d when reinstating)	DATE			
12,	OFFICERS AND		13.	J		ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12	
TITLE	P	DELETE	1.1 TITU	E				Change	☐ Addition	
NAME	MCGILVRAY, CHRIS		1.2 NAV	16	Ì				ľ	
STREET ADDRESS	32221 WACASSA TRAIL		1.3 STRE	EET ADDRESS	s					
CITY-ST-ZIP	SORRENTO FL 32776		1.4 City	- ST - ZIP	1_					
TITLE	8	☐ DELETE	2.1 TITU	E				☐ Change	Addition	
NAME	MCGILVRAY, JO ANN		22 NAM	NE]					
STIMEET ADDRESS	32221 WACASSA TRAIL		2.3 STRI	EET ADDRESS	s				j	
CITY-ST-ZIP	SORRENTO FL 32778		2 401	Y - ST - ZIP						
TITLE		☐ DEL e te	3.1 TLL	E	1			Change	☐ Addition	
NAME			32 N.N]					
STREET ADDRESS			3.3 S FU	EET ADDRESS	S				j	
CATY-ST-ZIP				Y-ST-ZIP				7-12		
TITLE		DELETE	4.1 T L		1			Change	Addition	
NAME			4 2 f At							
STREET ADDRESS				EET ADDRESS	S					
OTTY-ST-ZIP		DELETE		-ST-ZIP				Change	Addition	
TITLE NAME		LJ OELCIE	51 1 51		- {			L Change	L. J. MOUITION	
			1 5.2 N A							
STREET ADDRESS				EE1 ADDRES	٥ }					
OTY-ST-ZIP TITLE		DELETE	5.4 1 L	r-ST-ZIP	-{			Change	Addition	
NAME			6.2	_				- Suongo		
STREET ADDRESS			1 8	ne Eet addres:						
CITY-ST-ZIP		•		CET ADDRES: (-ST-ZIP	"					
14. I do heret informatio I am an o	oy certify that the information supplied on indicated on this annual report or si flicer or director of the corporation or n Block 12 or Block 13 if changed, or	upplemental annual réport is tr the receiver or trustee empow	y for the rue and ered to	xemption	nd that i	in Section 119.07(3)(i), Fiorida Statu my signature shall have the same le as required by Chapter 607, Florida	gal effect a a Statutes; a	is if made und and that my r	der oath; that name	
SIGNATURE: 3/24/97 352-383-0993										