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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K65024

 Corporation 	i Name								
CONCRE	TE CONSERVATION, INC.					A RECORD REPORTED AN ALL SHALL BY	LEIG IFDER DIGT DIGEL GLA	II 8181) 81811 B	18() 8(8() 18 8 (
	•								
Principal Place	e of Business	Mailing Addres	ss			\$ 180 kB101 010 010 010 010 01		il bibli vidil C	(Ott Athis teat
P O BOX 24354		P O BOX 24354				, , , , , , , , , , , , , , , , , , ,			
JACKSONVILLE FL 32241-1354 JACKSONVILLE FL 32241-135						DO NOT	WRITE IN THIS	SPACE	
						3. Date Incorporated or Qua		SFACE	
						02/10/1989			ļ
2. Principal Place of Business 2a. Mailing Address			dress			4. FEI Number		Ap	plied For
21 26						59-2932890			t Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certifcate of Status Desir	ed • - 📑 > ***	\$8.75 A	
22		27 City 8 Cta	·-			- FI :: 0 ::- i Fi			<u> </u>
City & State	e	City & Star	le			Election Campaign Finan Trust Fund Contribution	cing	\$5.00 Added t	•
Zip	Country	Zip		Country		8. This corporation owes the	current year Inta	ngible	
24	25	29	30]		Personal Property Tax.		Yes	□No
	9. Name and Address of Currer	st Registered Agen	it			10. Name and Address of N	lew Registered A	gent	
LII BA	E IAMEC M			81	Name				
HUME, JAMES M. 6525 GREENLAND ROAD				82	Street	Address (P.O. Box Number is Not Ad	ceptable)		
JACKSONVILLE FL 32258				83					
							•	as Zin (Code
				84	City		FL	1 '	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Flo	orida Statutes,	the above	-named	corporation submits this statement for	or the purpose of a	changing its	registered aistered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such chi itions of, Section 60	ange was aum 7.0505, Florida	Statutes	uie corpi	pration's board of directors. Thereby	accept the appoin		9.0.0.00
SIGNATURE						The day has a significant	DATE		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS			13.	it signature i	equired when reinstating) ADDITIONS/CHANGES T		DIRECTO	ORS IN 12
TITLE	PTSD		DELETE	1.1 TITLE		PSD		Change	☐ Addition
NAME	HUME, JAMES M.			1.2 NAME		HUME, JAMES M.			
STREET ADDRESS	6525 GREEN LAND ROAD				6525 GREENLAND F	ROAD			
CITY-ST-ZIP	JACKSONVILLE FL 32258			1.4 CITY-S	T-ZIP	JACKSONVILLE, FI			
TITLE	☐ DELETE				V TD		Change	Addition X	
NAME			2.2 NAME		GILBERT THIGPEN				
STREET ADORESS			2.3 STREET ADDRESS 6!		6525 GREENLAND JACKSONVILLE, B	ROAD		٠.	
CITY-ST-ZIP	<u></u>		DELETE	2. 4 CITY-S 3.1 TITLE	11-ZIP	I	<u>,u J22JQ</u>	☐ Change	Addition
NAME				32 NAME		V D			
STREET ADDRESS				3.3 STREET	ADDRESS	JONES, DAVID 6525 GREENLAND	מאסם		• •
CITY-ST-ZIP				3.4. CITY-S		JACKSONVILLE, F	L 32258		
TITLE			DELETE	4.1 TITLE				Change	☐ Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	TADDRESS				
CITY-ST-ZIP			l nei ere	4.4 CITY-S	T-ZIP			Channa	Addition
TITLE		Li	DELETE	5.1 TITLE				☐ Change	
NAME				5.2 NAME	T ADDRESS	ý			
STREET ADDRESS				5.3 STREE 5.4 CITY-S					
CITY-ST-ZIP				■ 3.4 UHT-3	1-41	1			
			DELETE	6.1 TITLE				Change	Addition
TITLE			DELETE				•	Change	Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS