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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

% JEFFREY G. WHITE



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K79616

(4)

Mailing Address

% JEFFREY G. WHITE

QUALITY CONCRETE PUMPING, INC.

| FILED              |
|--------------------|
| Jan 14 1997 8:00am |
| Secretary of State |

|  | 1111 | HOMO |   |       |   |  | <b>AIR</b> II |       |      |   | H |
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|  | Ш    |      | Ш | [###B |   |  |               | BJ811 | HIII | Ш | ľ |

| 1842 NW 85TH<br>CORAL SPRING |  | 1842 NW 85TH DR<br>CORAL SPRINGS FL 33   | 3071-6256     |         |                     |  |                          |                        |                                   |  |
|------------------------------|--|--|---------------|---------|---------------------|--|--------------------------|------------------------|-----------------------------------|--|
| OUT OF THE                   |  |  |               |         |                     | 3. Date Incorporated or Qualified 04/12/1989   |                          | ite of Last<br>16/1996 |                                   |  |
| 2. Principal P               | lace of Business                               | 2a. Mailing Address  |               |         |                     | 4. FEI Number  |                          |                        | Applied For                       |  |
| 21                           |  | 26   |               |         |                     | 65-0134554   |                          |                        | Not Applicable                    |  |
| Suite, Apt.                  | #, etc.  | Suite, Apt #, etc  |               |         |                     | 5. Certificate of Status Desired   |                          |                        | 5 Additional<br>Required          |  |
| City & Stat                  | 0  | City & State   |               |         |                     | Election Campaign Financing     Trust Fund Contribution  |                          |                        | 00 May Be<br>ed to Fees           |  |
| Zip                          | Country  | Z <sub>I</sub> p   | Cou           | ntry    | )                   | 8. This corporation has liability for  | intangible               | tax unde               | r s. 199.032.                     |  |
| 24                           | 25   | 29   | 30            |         |                     |  | Yes [                    |                        |                                   |  |
|                              | 9. Name and Address of C                       | Current Registered Agent   |               |         | r                   | 10. Name and Address of New Ra   | gistered                 | Agent                  |                                   |  |
|                              | ite, Jeffrey G.                                |  |               | 81      | Name                |  |                          |                        |                                   |  |
|                              | 2 NW 85TH DR                                   |  | į             | 82      | Street Add          | ress (P.O. Box Number is Not Acceptat  | ole)                     |                        |                                   |  |
| COF                          | RAL SPRINGS FL 33071                           |  | į             |         |                     |  |                          |                        |                                   |  |
|                              |  |  |               | 83      |                     |  |                          |                        |                                   |  |
|                              |  |  |               | 84      | City                |  |                          | 85 Z                   | p Code                            |  |
|                              |  |  |               |         |                     |  | FL                       |                        |                                   |  |
| office or r                  | registered agent, or both, in the              | 07.0502 and 607.1508, Florida Sta<br>e State of Florida, Such change wa<br>e obligations of, Section 607.0506, | as authorized | d by    | the corpora         | poration submits this statement for the parties to be precised as the parties of directors. I hereby acceptions to the parties of the parties | ourpose of<br>of the app | changing<br>ointment   | j its registered<br>as registered |  |
| SIGNATURE                    |  |  |               |         |                     |  |                          |                        |                                   |  |
|                              | Signatur, Applied a plant, diren iki edirogist |  |               | d Ag€   | ont signature requi | ired when reinstating)   | DATE                     |                        |                                   |  |
| 12.                          | OFFICE)  | RS AND DIRECTORS  DELETE   | 13.           | Ti f    |                     | ADDITIONS/CHANGES TO OFFIC   | JERS AND                 | Chang                  |                                   |  |
| TITLE                        | WHITE, JEFFREY G.                              | Of the   |               |         | }                   |  |                          | L) Chang               | .e [] Addition                    |  |
| NAME                         | 1842 NW 85TH DR                                |  | 12 N/         |         |                     |  |                          |                        |                                   |  |
| STREET ADDRESS               | CORAL SPRINGS FL                               |  |               |         | ADDRESS             |  |                          |                        |                                   |  |
| CITY-S1-ZP                   | COLOTT OLIMICOLIT                              | DELETE   | 21 TI         |         | ST - ZIP            |  |                          | Chang                  | e [] Addition                     |  |
|                              | !  |  | 1             |         | }                   |  |                          | chang                  | e Li Addition                     |  |
| NAME                         |  |  | 2 2 N         |         |                     |  |                          |                        |                                   |  |
| SYREET ADDRESS               | ·  |  |               |         | ADDRESS             |  |                          |                        |                                   |  |
| CITY - ST - ZIF              |  | DELETE   |               |         | ST-7IP              |  |                          | Chang                  | ne Addition                       |  |
| TITLE                        |  | L DELETE   | 3.1 7         |         |                     |  |                          | U many                 | le [77] Matimost                  |  |
| NAME                         |  |  | 3.2 NA        |         |                     |  |                          |                        |                                   |  |
| STREET ADDRESS               |  |  |               |         | T ADDRESS           |  |                          |                        |                                   |  |
| CITY-ST-ZIP                  |  | DELETE   | 3.4. C        |         | ST-ZIP              |  | •                        | Chang                  | e Addition                        |  |
|                              |  | L. Dilli   |               |         |                     |  |                          | Onaily ب               | ,                                 |  |
| NAME<br>STOCKE ASSESSED      |  |  | 4. 2 N        |         |                     |  |                          |                        |                                   |  |
| STREET ADDRESS               |  |  |               |         | r Address           |  |                          |                        |                                   |  |
| CITY-ST-ZIP<br>TITLE         |  | DELETE   | 44CI<br>51TI  |         | ST - ZIP            |  | <del></del>              | Chang                  | je 🔲 Addition                     |  |
|                              | <u> </u>                                       |  | 5.1 N         |         |                     |  |                          |                        | , LI MUDILION                     |  |
| NAME<br>CARSET ARRESTS       |  |  |               |         | r M0000000          |  |                          |                        |                                   |  |
| STREET ADDRESS               |  |  |               |         | T ADDRESS           |  |                          |                        |                                   |  |
| CITY - ST - ZIP              |  | DELETE   |               |         | SI - ZiP            |  |                          | Chang                  | ne Addition                       |  |
| TITLE                        |  | ☐ nefeit   | 6.1 71        |         |                     |  |                          | L CHAIL                | lo 🗂 wagaran                      |  |
| NAME                         |  |  | 6.2 N/        |         |                     |  |                          |                        |                                   |  |
| STREET ADDRESS               |  |  |               |         | r address           |  |                          |                        |                                   |  |
| CITY - ST - ZIP              |  |  | G.4 CI        | ITY - 5 | ST-ZIP              |  |                          |                        |                                   |  |

14. To 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 inclicated 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** 

SEFF 2EV

JEFFREY WHITE - PRES

1-6-97

954 341 6784

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