

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

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90019 044 \*\*\*150.00

DOCUMENT # L21236

1. Corporation Name

QUALITY CONCRETE OF COLLIER COUNTY, INC.

Principal Place of Business

4685 THIRD AVE SW  
C/O MICHAEL MAY  
NAPLES FL 34119  
US

Mailing Address

4685 THIRD AVE SW  
C/O MICHAEL MAY  
NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1989

4. FEI Number

65-0148664

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4740 7th Ave, NW

Suite, Apt. #, etc.

22

City & State  
23 Naples, FL

Zip Country  
24 34119 25 Collier

2a. Mailing Address

26 4740 7th Ave, NW

Suite, Apt. #, etc.

27

City & State  
28 Naples, FL

Zip Country  
29 34119 30 Collier

9. Name and Address of Current Registered Agent

MAY, MICHAEL  
4685 3RD AVE SW  
NAPLES FL 34119

10. Name and Address of New Registered Agent

81 Name

MAY, MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)

4740 7th Ave, NW

83

Naples, FL

84 City

(Naples)

FL

85 Zip Code  
34119

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, typed or printed name of registered agent and title if applicable.

*Michael May* (address change only)

DATE

2/17/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MAY, MICHAEL  
STREET ADDRESS 4685 3RD AVE SE  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4740 7th Ave, NW  
Naples, FL 34119

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

*Michael May* MICHAEL MAY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
PRESIDENT / MANAGER

2/17/99

Date

941-455-7000

Daytime Phone #

CR2E034 (11/98)