SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90001 005 ***550.00

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JR CON	CRETE, INC.					V	
							PALANAN AYARI ANDIN BIBNI AKAN NADI
							ij elek albi: (lek) albi; elek lek
Principal Plac	e of Business	Mailing Address				- I HUMIHANA BAMAHAMA BANCA MICEM HEREA KABA DA	hir eterk bildir breik eierr efekt rebr
% JOSEPH RAY		1590 13TH ST					
212 E. GARDEN		212 É. GARDENIA DR]	
		ORANGE CITY FL 32763			DO NOT WRITE IN THIS SPACE		
		US				3. Date Incorporated or Qualified	
						10/26/1989	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				59-2973469	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
		27					Fee Required
City & Stat	te	⊢ ¬ ′ ′	City & State			6. Election Campaign Financing	\$5.00 May Be
23			28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year	
24	25	29	30			Intangible Personal Property.	Yes No
	9. Name and Address of Curre	nt Registered Agent		1 Nam		10. Name and Address of New Registe	red Agent
RAY.	JOSEPH			,,,	.0		
	e. Gardenia dr		1	32 Stre	et Addres	ss (P.O. Box Number is Not Acceptable)	
	NGE CITY FL 32763		Į.				
Olbu	HOL OH I L OLI OC			33			
			. 1	4 City			85 Zip Code
11. Pursuani	t to the provisions of sections 607.050	12 and 607 1508. Florida Statute	s the above	/e-namer	1 comora	ation submits this statement for the numose of	of changing its registered
office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a	uthorized	by the co	rporation	n's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE							
	Signature, typed or printed name of registered age			d Agent sign	ature require	red when reinstating) DA*	
12.	P OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	
TITLE) `	L_ DELETE	1.1 TITL		i		Change Addition
NAME	RAY, JOSEPH		1.2 NAM				
STREET ADDRESS	212 E GARDENIA DR.			ET ADDRES	s		
CITY-ST-ZIP	ORANGE CITY FL		1.4 CITY				
TITLE	VPS	DELETE	2.1 TFTL				Change Addition
NAME	RAY, JO ELAINE		2.2 NAW				
STREET ADDRESS	212 E. GARDENIA DR.	·	2.3 STRE	ET ADDRES	s		-
CITY-ST-ZIP	ORANGE CITY FL		2.4 CITY				
TITLE	1	DELETE	3.1 TITL				Change Addition
NAME			3.2 NAM	E	-		
STREET ADDRESS			3.3 STR	ET ADDRES	S		
CiTY-ST-ZIP			3.4 CITY	-ST-ZIP			
TITLE		DELETE	4.1 TITL	Ę	-		Change Addition
NAME			4.2 NAM	E			(
STREET ADDRESS			4.3 STR	ET ADDRES	s		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE .		DELETE	5.1 TΠL	=			Change Addition
NAME	·	_	5.2 NAM	E	1		
STREET ADDRESS			5.3 STR	ET ADDRES	s		
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE	10.	DELETE	6.1 TITL	=	T		Change Addition
NAME	Richard Control		6.2 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRES	s		}

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 in an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

407-574-84.88