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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(7)

**ALL STATE CONCRETE CORPORATION** 

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**FILED** 

Apr 23 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address								
5759 WESTV	<del>-</del>	5759 WESTVIEW DRIVE						
ORLANDO FL 32810-3940 US		ORLANDO FL 32810-3940 US				DO NOT WRITE IN THIS SPACE		
<b>V</b> V		•	00			3. Date Incorporated or Qualified		
						01/16/1990		
2. Principal Pi	ace of Business	2a. Mailing Address						pplied For
21		26				59-2988103	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27						equired
City & State	9	City & State				6. Election Campaign Financing	· · · · · ·	May Be
Zip Coupley		ZIP Country			<del></del>	Trust Fund Contribution		to Fees
Zip	Country	Zip	<u> </u>	ıury		8. This corporation owes or has paid the cu		tangible ☑ No
24	25 9. Name and Address of Current	Peoistered Agent	30			Personal Property Tax due June 30.  10. Name and Address of New Registered		INU
OT	<u>i</u>	LIGHISTORION WROLL		81	Name	19. THE PROPERTY OF THE PROPERTY OF		
STALEY, BRADLEY 5759 WESTVIEW DRIVE				$\Box$				
	RLANDO FL 32810			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
UF	ILANIOU FL 32010		}	83			<del></del>	
			ļ					
				84	City	FL	_  85   Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statul	les, the ab	OOVE	named corp	oration submits this statement for the purpose of ion's board of directors. I hereby accept the ap		ts registered
office or re agent. Le	egistered agent or both, in the State of m familiar with, and accept the obligation	ot Florida. Such change was a Jions of, Section 607.0505. Fl	authorized orida Stati	a by utes	tne corporali :	ion's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE	The state of the s	,						
Stonature, typed or printed name of registered agent and title it applicable (NOTE: Regist					nt signature require	od when reinstating) DATE		
12.	OFFICERS AND		13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD PRADICY A	☐ DELETE	1.1 T(T				L Change	Addition
NAME	STALEY, BRADLEY A.		1.2 NA					
STREET ADDRESS					ADDRESS			ļ
CITY-ST-ZIP					T-ZIP		Change	Addition
TITLE	VD	<b>=</b>					Change	☐ ₩ddulou
NAME	FETTE, GREGORY L.		2.2 NA		(Photos			
STREET ADDRESS	8525 STEER LAKE ROAD				ADDRESS	•		
CITY-ST-ZIP	ORLANDO FL STD	DELETE	2. 4 CI		ST-ZIP		Change	Addition
TITLE		☐ hereit	3.1 TIT				FT Cuante	L Madition)
NAME	FETTE, GREGORY L. 8525 STEER LAKE ROAD		3.2 NA		*DDDCCC			
STREET ADDRESS	ORLANDO FL				ADDRESS			}
CITY-ST-ZIP TITLE	ONLANUO FL	DELETE	3.4. CI 4.1 T(I		01-ZIP		Change	Addition
		□ bereit	4.1 (1) 4.2 N/				sunugo	, aronion
NAME OTOGET ADDRESS					ADDDECC			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CII 5.1 TIT		1 - ZIP		Change	Addition
TITLE							Ammigo	
NAME AZDEET ADODESS			5.2 NA		ADDDLCC			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		☐ DELETE	5.4 Cit 6 t TiT		1-217		Change	Addition
TITLE		□ btte#	6.2 NA				Jinningo	
NAME OTOGET ADDRESS			1		ADDRECO			
STREET ADDRESS			5.3 \$1	ntti	ADDRESS			

14. Thereby 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.