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Secretary of State

05-14-1999 90003 011 ***476.25

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L56400

1. Corporation Name
SUPERIOR CONCRETE TOOLS, INC.



Principal Place of Business % CYNTHIA J. GLASPEY 1361 DELANEY DR WINTER SPRINGS FL 32708 1971B Corporate Square Dr Longwood, FL 32750	Mailing Address % CYNTHIA J. GLASPEY 1361 DELANEY DR WINTER SPRINGS FL 32708 1971B Corporate Square Dr Longwood, FL 32750
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1971B Corporate Square Dr Suite, Apt. #, etc. 22 City & State 23 Longwood FL Zip 24 32708	2a. Mailing Address 26 1971B Corporate Square Dr Suite, Apt. #, etc. 27 City & State 28 Longwood FL Zip 29 32750	3. Date Incorporated or Qualified 03/07/1990 4. FEI Number 59-2998260 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent GLASPEY, CYNTHIA J. 1361 DELANEY DR WINTER SPRINGS FL 32708 Debbie A Glaspey 2096 Marquette Ave Sanford, FL 32773	10. Name and Address of New Registered Agent 81 Name: Debbie A Glaspey 82 Street Address (P.O. Box Number is Not Acceptable): 2096 Marquette Ave 83 84 City: Sanford FL 85 Zip Code: 32773
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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 Debbie A Glaspey Debbie A. Glaspey 4-29-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLASPEY, ROBERT W. 1361 DELANEY DR WINTER SPRINGS FL VD GLASPEY, BRUCE A. 1361 DELANEY DR WINTER SPRINGS FL STD GLASPEY, CYNTHIA J. 1361 DELANEY DR WINTER SPRINGS FL STD Glaspey, Debbie A. 2096 Marquette Ave Sanford, FL 32773	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 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	STD Glaspey, Debbie A. 2096 Marquette Ave Sanford, FL 32773

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: Debbie A Glaspey Debbie A Glaspey 4-29-99 407-323-3357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)