

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

**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90003 011 \*\*\*476.25

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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 32708	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 25 Country	2a. Mailing Address 26 1971B Corporate Square Dr Suite, Apt. #, etc. 27 City & State 28 Longwood FL Zip 29 32750 30 Country
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3. Date Incorporated or Qualified 03/07/1990	4. FEI Number 59-2998260	Applied For <input type="checkbox"/> Not Applicable
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	

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
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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	85 State FL	86 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

TITLE PD	NAME GLASPEY, ROBERT W.	STREET ADDRESS 1361 DELANEY DR	CITY-ST-ZIP WINTER SPRINGS FL	<input type="checkbox"/> DELETE
TITLE VD	NAME GLASPEY, BRUCE A.	STREET ADDRESS 1361 DELANEY DR	CITY-ST-ZIP WINTER SPRINGS FL	<input type="checkbox"/> DELETE
TITLE STD	NAME GLASPEY, CYNTHIA J.	STREET ADDRESS 1361 DELANEY DR	CITY-ST-ZIP WINTER SPRINGS FL	<input checked="" type="checkbox"/> DELETE
TITLE STD	NAME Glaspey, Debbie A.	STREET ADDRESS 2096 Marquette Ave	CITY-ST-ZIP Sanford, FL 32773	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD	1.2 NAME Glaspey, Debbie A	1.3 STREET ADDRESS 2096 Marquette Ave	1.4 CITY-ST-ZIP Sanford, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)