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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90060 019 ***158.75

DOCUMENT # L73058

Corporat on Name

PROFESSIONAL CONCRETE SERVICES INC

Principal Place 2471 BEGONIA I MIDDLEBURG FL	DR'	Maii 2471 MID0	ling Address BEGONIA DR ILEBURG FL 32068					DO NOT	/RITE IN TH		
US US							3 Date I	Incorporated or Qualif			
							j	1/1990	-		
2 Principal Pl	lace of Business	2a	Mailing Address				4. FEI N			A	pp ied For
21	and of Education	26					59-3	007708		N	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		_					\$8.75	Additional
22		27					5. Certife	cate of Status Desired		Fee R	ecuired
City & S:ate	e		City & State				6. Election	o i Campaign Financi	ng 🗆	\$5.00	May Be
23	_	28					Trust	Fund Contribution		Added	to Fees
Zip	Country		Zip	Cou	ntry		8. This o	c rporation owes the o	current year		
24	25	29		30				r al Property Tax.		Yes	[∃No
	9. Name and Address of Curre	ent Registe	ered Agent		041		10. Name	and Address of Ne	w Register	ed Agent	
MITO	T DOREDT N				81	Name					
	t, robert n. Begonia dr				82	Street A	dress (P.O. Bo	Number is Not Acco	eptable)		
_											
MIUU	DLEBURG FL 32068				83						İ
					84	City				85 Zip	Code
					Ш			· · · · · · · · · · · · · · · · · · ·	F		- a mintaged
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the Stal m familiar with, and a cept the oblig	te of Florida	 Such change was 	authorized	l by :	the corpor	ation's board of	directors. I hereby ac	cept the ap	pointment as r	eçistered
_	, it is the same as so by the same	gar one on									
SIGNATURE	Signature, typed or printed name of registered a	onen and title if				t sionature rec			5.55		
		gon and then	applicable. (NO1	E. Registered	Agen	(digitalists (or	nred when reinstating	J	DATE		
12.	OFFICERS A		TORS	13.				ONS/CHANGES TO			
12. TITLE	D			13.	ΠE					AND DIRECT	
	D WEST, ROBERT N.		TORS	13.	ΠE						
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CITY-ST-ZIP 14. Here by 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 signs ture 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 empowerec.

SIGNATURE: