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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L81631 1. Corporation Name

ROBERT S. LAMMERT CONCRETE, INC.

									(411 3)651 81811 1	
Principal Place of Business Mailing Address										
500 AMERICAN HERTIAGE PKWY. 500 AMERICAN HERTIAGE P				KWY.			}			
ORLANDO FL 3 US	2809	US	ORLANDO FL 32809 US				DO NOT WRITE IN THIS SPACE			
00							3. Date Incorporated or Qualifed 06/18/1990			
2. Principal Place of Business 2			2a. Mailing Address				4. FEI Number	-	Apr	plied For
21		26	26				59-3022712		No	t Applicable
Suite, Apt.	#, etc.	Suite,	City & State				5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State	e	— ·					6. Election Campaign Financing \$5.00 May Be			
23			Zip Country				Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible			
Zip	Country	— <u> </u>	r.		шу		8. This corporation owes the curl Personal Property Tax.	ent year int	angibie □Yes	□No
24	9. Name and Address of Cur	29		30			10. Name and Address of New I	Realstered		
	9, Name and Address of Cui	ileit Kegisteleu	Agent		81	Name	10		<u> </u>	
Lammert, Robert S.					_					
2450 JUSTY WAY ORLANDO FL 32817					82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
UHL	ANDU FL 3281/			i	83					ĺ
					84	City		FL	85 Zip C	Code
							oration submits this statement for the	—	changing its	registered
office or r	egistered agent, or both, in the St m familiar with and accept the of	tate of Florida. Suc digations of, Section	on 607.0505, Flori	<i>tnorized</i> da Stati	by i	ine corporatio	on's board of directors. Thereby acce	pt the appoi	ntment as req 1/99	gistered ·
12.		AND DIRECTOR		13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE	0		OELETE	1.1 111	LE				☐ Change	☐ Addition
NAME	LAMMERT, ROBERT S.			1.2 NA	ME					
STREET ADDRESS	500 AMERICAN HERTIAGE	PKWY.	rY. 1.			ADDRESS				
CITY-ST-ZIP	ORLANDO FL			1.4 CF	ry-st	r-ZIP				
TITLE			☐ DELETE	2.1 TI	LΕ				Change	☐ Addition
NAME				2.2 N	ME		ره ساعد بداد	,		- ,-
STREET ADDRESS				2.3 ST	REET	ADDRESS				
CITY-ST-ZIP			_	2.4 C	TY-S	T-ZIP				
TITLE			☐ DELETE	3,1 ∏	ìΕ				Change	Addition
NAME				3.2 NA	ME					
STREET ADDRESS				3.3 ST	REET	ADDRESS				
CITY-ST-ZIP				3.4. C	TY-S	T- ZIP				
TITLE			☐ DELETE	4.1 TF	LE				Change	Addition
NAME				4. 2 N	AME					
STREET ADDRESS				4.3 ST	REET	ADDRESS				·
CITY-ST-ZIP	·			4.4 CI	TY-S1	r-zip				
TITLE			☐ DELETE	5.1 TI			•		☐ Change	☐ Addition
NAME				5.2 NA						
STREET ADDRESS						T ADDRESS				ļ
CITY-ST-ZIP				5.4 CI		r-zip			ПС	
TITLE			☐ DELETE	6.1 TF					☐ Change	☐ Addition }
NAME				6.2 N						Į
STREET ADDRESS				6.3 ST	REET	T ADDRESS				

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.

64 CITY-ST-ZIP

SIGNATURE:

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90085 039 ***150.00