



3-26-97 B-3633 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 26 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|---|--|
| DOCUMENT # L89766 (4) | |  | |
| 1. Corporation Name COMMERCIAL CONCRETE SYSTEMS, INC. | | | |
| Principal Place of Business 6166 TAYLOR ROAD SUITE #104 NAPLES FL 33942 US | | Mailing Address 6166 TAYLOR ROAD #104 NAPLES FL 34109-1823 US | |
| 2. Principal Place of Business | | 3. Date Incorporated or Qualified 07/30/1990 | |
| 21 Suite, Apt. #, etc. | | 3a. Date of Last Report 03/22/1996 | |
| 22 City & State | | 4. FEI Number 65-0229204 | |
| 23 Zip 34109 | | Applied For <input type="checkbox"/> Not Applicable | |
| 24 Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 26 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 27 Country | | | |
| 28 Country | | | |
| 29 Country | | | |
| 30 Country | | | |
| 9. Name and Address of Current Registered Agent WILLIAMS, WILLIAM W. 6166 TAYLOR ROAD #104 NAPLES FL 33942 | | 10. Name and Address of New Registered Agent | |
| | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | |
| | | 85 Zip Code FL 34109 | |
| 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE <input type="checkbox"/> DELETE | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 1.2 NAME | | 1.2 NAME | |
| 1.3 STREET ADDRESS | | 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | | 1.4 CITY-ST-ZIP 34109 | |
| 2.1 TITLE <input type="checkbox"/> DELETE | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 2.2 NAME | | 2.2 NAME | |
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| 6.4 CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |
| 14. I do 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. | | | |
| SIGNATURE: <u>William W. Williams</u> | | SIGNATURE: <u>William W. Williams, President</u> 3/5/97 941-592-1101 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

CR2E034 (9/96)