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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 12 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L89766

(4)

COMMI	ERCIAL CONCRETE SYSTE	MS, INC.			
Principal Plac	e of Business	Mailing Address			IN NIIH NINTI NINTI NINTI NINI NINI NINTI NINTE TODI
6166 TAYLOR ROAD 6166 TAYLOR ROAD					
SUITE #104		#104		DO NOT WI	DITE IN THIS STACE
NAPLES FL 34109 US		NAPLES FL 30042		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
08		US		1 '	60
2. Principal P	Place of Business	2a. Mailing Address		07/30/1990 4. FEI Number	Applied For
21		26		65-0229204	Not Applicable
Suite, Apt.	#, e 1c.	Suite, Apt. #, etc.			SR 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financin	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	34109	Country	1	s paid the current year Intangible
24	25 25 Name and Address of Curren	[29]	00	Personal Property Tax due . 10. Name and Address of Nav	
LAM			81 Name	·	
WILLIAMS, WILLIAM W.				Raymond L. Ba:	
6166 TAYLOR ROAD #104 NAPLES FL 34109			82 Street Add	ress (P.O. Box Number is Not Acce Moorings Profession	ptable) Building
INA	PLES FL 34109		B3		
			23	35 lamlamı Isai	1 North, Suite 409
			84 City Na	iples	FL 85 Zip Code 34103
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508, Florida Statutes	the shove named corr	poration submits this statement for t	he purpose of changing its registered
office or r	registered agent, or both, in the State im familiar with, and account the obliga	of Florida, Suofi change was au aions of, Section 607,0505, Flori	thorized by the corporal da Statutes.	tion's board of directors. I hereby a	ccept the appointment as registered
SIGNATURE	1/ Jan 7K	Jan 1 R	Aymond L	BASS TA	4/29/98
DIGITATIONE	fonature a ped or printed name of log-stered no		logish ed Agent signature requir	red when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE		Change L Addition
NAME	WILLIAMS, WILLIAM W.		1.2 NAME		
STREET ADDRESS	6166 TAYLOR ROAD, #104		13 STREET ADDRESS		
CITY-ST-ZIP TITLE	NAPLES FL	DELETE	1.4 City-St-ZiP 2.1 title		Change Addition
NAME			2.2 NAME		C outside C vacuum
STREET ADDRESS			2.3 STREET ADDRESS		}
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		<u> </u>
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		ŀ
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DE LETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 THTLE		☐ Change ☐ Addition
NAME		☐ DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
		☐ DELETE	6.1 THTLE		☐ Change ☐ Addition

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.