

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M65614 (3)

1. Corporation Name

PRODUCTION CONCRETE FINISHERS, INC.

FILED

97 JUN 27 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

% BRIAN SZKUDLAREK
4170 S.E. 57TH LANE
OCALA FL 32671

% BRIAN SZKUDLAREK
4170 S.E. 57TH LANE
OCALA FL 32671

DECLARATION STATEMENT 90-97

3. Date Incorporated or Qualified
01/20/1988

3a. Date of Last Report
06/29/1995

2. Principal Place of Business

2a. Mailing Address

21 8410 S.E. 58TH AVE

26 P.O. Box 6057

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #3

27

City & State

City & State

23 Ocala, FL

28 Ocala, FL

Zip

Country

Zip

Country

24 34480

25 MARION

29 34478-6057

30 MARION

4. FEI Number

59-2870672

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SZKUDLAREK, BRIAN
4170 S.E. 57TH LANE
OCALA FL 32671

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

Signature of officer or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-17-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SZKUDLAREK, BRIAN
STREET ADDRESS 4170 S.E. 57TH LANE
CITY-ST-ZIP Ocala FL

1.1 TITLE ☐ Change ☐ Addition

TITLE SVD
NAME ELLIS, THOMAS W.
STREET ADDRESS 8404 W. RAINBOW OAKS CT.
CITY-ST-ZIP CRYSTAL RIVER FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

800002227528--5
-07/01/97--01045--003
***\$15.00 ***\$15.00

TITLE D
NAME ELLIS, THOMAS W.
STREET ADDRESS 8404 W. RAINBOW OAKS CT.
CITY-ST-ZIP CRYSTAL RIVER FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Signature of officer or director of registered agent and title if applicable
97-96 82-307 2070

CR2E034 (12/95)