

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90144 007 ***150.00

DOCUMENT # M71829

1. Corporation Name

BALCOM CONCRETE SERVICES, INC.

Principal Place of Business

5055 SE 17TH ST
5055 SE 17TH ST.
OCALA FL 34471
US

Mailing Address

5055 SE 17TH ST
5055 SE 17TH ST.
OCALA FL 34471
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1988

4. FEI Number

59-2885787

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 5055 S.E. 17th ST
Suite, Apt. #, etc.

2a. Mailing Address

26 5055 SE. 17th ST.
Suite, Apt. #, etc.

City & State

23 Ocala FL

City & State

28 Ocala FL

Zip

24 34471

Country

25 Marion

Zip

29 34471

Country

30 Marion

9. Name and Address of Current Registered Agent

BALCOM, LARRY P.
5055 SE 17TH ST.
OCALA FL 32671

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Larry P. Balcom

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/99

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BALCOM, LARRY P.
STREET ADDRESS 5055 SE 17TH ST.
CITY-ST-ZIP Ocala FL

TITLE D ☐ DELETE
NAME BALCOM, PATRICIA A.
STREET ADDRESS 5055 SE 17TH ST.
CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Larry P. Balcom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/7/99

Daytime Phone #

352-694-2577

CR2E034 (11/98)

0495876