

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M80797** (7)
1. Corporation Name
CONCRETE IMPRESSIONS & TEXTURE, INC.



Principal Place of Business *change* Mailing Address *change*
C/O WILLIAM A. TREICHEL
204 DESOTA AVENUE, PO BOX 1002
DELEON SPRINGS FL 32130
C/O WILLIAM A. TREICHEL
204 DESOTA AVENUE, PO BOX 1002
DELEON SPRINGS FL 32130

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3581 CONCRETE AVE Suite, Apt. #, etc. 22 City & State 23 DELAND FL Zip Country 24 32720 25 Volusia		2a. Mailing Address 26 3581 CONCRETE AVE Suite, Apt. #, etc. 27 City & State 28 DELAND Zip Country 29 32720 30 Volusia		3. Date Incorporated or Qualified 05/13/1988	4. FEI Number 59-2900143	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent TREICHEL, WILLIAM A. 204 DESOTA AVENUE DELEON SPRINGS FL 32130				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3581 CONCRETE AVE 83 84 City DELAND FL 85 Zip Code 32720			
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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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPR	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TREICHEL WILLIAM A			1.2 NAME			
STREET ADDRESS	204 DESOTA AVE			1.3 STREET ADDRESS	3581 CONCRETE AVE		
CITY-ST-ZIP	DELEON SPRINGS FL			1.4 CITY-ST-ZIP	DELAND FL 32720		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TREICHEL SUSAN B			2.2 NAME			
STREET ADDRESS	204 DESOTA AVE			2.3 STREET ADDRESS	3581 CONCRETE AVE		
CITY-ST-ZIP	DELEON SPRINGS FL			2.4 CITY-ST-ZIP	DELAND FL 32720		
TITLE	D(ST)	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TREICHEL JUSTIN			3.2 NAME			
STREET ADDRESS	204 3581 CONCRETE AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32720			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE *[Signature]* **Susan Treichel** **42762 904 985-4508**

CR2E034 (10/97)