

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
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90056 027 ***150.00

DOCUMENT # m80797

1. Corporation Name

Concrete Impressions & Textures, Inc.

Principal Place of Business

Mailing Address

3581 Coral Avenue
Deland, FL 32720

Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

May 1988 (5-13-88)

4. FEI Number

59-2900143

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

2a. Mailing Address

21 3581 Coral Ave.

26 3581 Coral Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Deland FL

27 City & State

28 Deland, FL

24 Zip

32720

25 Country

Volusia

29 Zip

32720

30 Country

Volusia

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William A. Treichel
3581 Coral Ave.
Deland, FL 32720

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

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 President
NAME Susan Treichel
STREET ADDRESS 3581 Coral Ave.
CITY-ST-ZIP Deland, FL 32720

☐ DELETE

1.1 TITLE President - P
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE V.P.
NAME William Treichel
STREET ADDRESS 3581 Coral Ave.
CITY-ST-ZIP Deland, FL 32720

☐ DELETE

2.1 TITLE Vice President - V
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE Justin Treichel Secretary
NAME
STREET ADDRESS 3581 Coral Ave.
CITY-ST-ZIP Deland, FL 32720

☐ DELETE

3.1 TITLE Secretary - S
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE Treasurer - T
4.2 NAME Zachary Treichel
4.3 STREET ADDRESS 3581 Coral Ave.
4.4 CITY-ST-ZIP Deland, FL 32720

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

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: Susan Treichel Susan Treichel - P 5-11-99 904-985-4508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)