

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

DOCUMENT # P93 000007401

1. Corporation Name

Ronnie L. Edwards Concrete Const, Inc.

Principal Place of Business

Mailing Address

5764 Stewart Ave.
Port Orange FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1993

2. Principal Place of Business

21 Ronnie Edwards

2a. Mailing Address

26 5764 Stewart Ave

4. FEI Number

59 3158796

Applied For

Not Applicable

22 Suite, Apt. #, etc.

5764 Stewart Ave

27 Suite, Apt. #, etc.

City & State

23 City & State

Port Orange FL

28 City & State

Port Orange FL

24 Zip

32127

25 Country

Volusia

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

Ronnie Edwards
5764 Stewart Ave
Port Orange FL 32127

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE

NAME Ronnie L. Edwards

STREET ADDRESS 5764 Stewart Ave

CITY-ST-ZIP Port Orange FL 32127

TITLE Sec 1 Treas ☐ DELETE

NAME Marjann Edwards

STREET ADDRESS 5764 Stewart Ave

CITY-ST-ZIP Port Orange FL 32127

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 President ☒ Change ☐ Addition

12 NAME Ronnie L. Edwards

13 STREET ADDRESS 5764 Stewart Ave

14 CITY-ST-ZIP Port Orange FL 32127

2.1 TITLE Sec 1 Treas ☒ Change ☐ Addition

22 NAME Marjann Edwards

23 STREET ADDRESS 5764 Stewart Ave

24 CITY-ST-ZIP Port Orange FL 32127

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 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

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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

Signature, typed or printed name of signing officer or director

4.12.99

904-788351

CR2EN34 (11/98)