| SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) | | | | | |
|--|---|---|---|--|--|
| PROFIT CORPORATION ANNUAL REPORT | | FLORIDA DEPARTM Sandra B. M Secretary o DIVISION OF COR | ENT OF STATE ortham State | | |
| DOCUMENT # P9300009555 (2) CURRENT CONCRETE, INC. | | | | | |
| Principal Place of Business Mailing Address | | | | | |
| 404 CONGRESSIONAL WAY POMPANO FL 33073 | | 404 CONGRESSIONAL WAY POMPANO FL 33073 | | | |
| 2. Principal Pli | ace of Business | 2a. Mailing Address | | | ate of Last Report 5/01/1995 Applied For |
| h-īn, ' ⊢ | | 26 | | 65-0386951 | Not Applicable |
| Suite, Apt. #, etc 23 | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for intangible | - |
| 24 | 25 9. Name and Address of Current I | 29] 30 Registered Agent | | Florida Statutes Yes 10. Name and Address of New Registered | Agent |
| ERICKSON, ERIC 81 Nam | | | 81 Name | | |
| 404 CONGRESSIONAL WAY | | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) | |
| POMPANO FL 33073 | | 83 | | | |
| | | | 84 City | FI | 85 Zip Code |
| 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. Thereby accept the appointment as registered | | | | | |
| agent I ar | egistered agent, or both, in the State of m familiar with, and accept the obligate | Floridal Such change was autho ons of, Section 607.0505, Florida | rized by the corporatio Statutes. | n's board of directors. I hereby accept the appo | intment as registered |
| SIGNATURE | Signature typed or printed name of registered agentia | and title if applicable (NOTE Re | gistered Agent signature require | d when reinstaling; DATE | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 12 |
| TITLE NAME | P ERICKSON, ERIC | L DELETE | 1 1 TITLE 1 2 NAME | | DIRECTORS IN 12 96 Change Addution 86 Change Addution 86 BCOR |
| STREET ADDRESS | 404 CONGRESSIONAL WAY | | 1 3 STREET ADDRESS | | E03 |
| CITY-ST-ZIP TITLE | POMPANO FL 33073 | DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | | Change Addition |
| NAME | | | 2.2 NAME | I | |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 2 4 CITY - ST-ZIP 3 1 TITLE | | Change Addition |
| NAME | | | 3 2 NAME | | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | | |
| CITY - ST - ZIP THTLE | | DELETE | 34 CHY-ST-ZIP 41 TITLE | | Charige Addition |
| NAME | | | 4 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY - ST - ZIP TITLE | | DELFTE | 44 City - St - ZiP 5 1 Title | | Change Addition |
| NAME | | | 5 2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY - ST - ZIP TITLE | | DELETE | 5.4 CITY - ST - ZIP 6.1 TITLE | | Change Addition |
| NAME | | | 6 2 NAME | | |
| STREET ADDRESS CITY - ST - ZiP | | | 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | | |
| 14. I do hereb | | | hed and does not qualif | fy for the exemption stated in Section 119.07(3)(nd accurate and that niv signature shall have the | |
| further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature sha! 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 617. Florida Statutes, and that my name appears in Block 12 or Block 12 or Block 12 or of an attachment with an address. | | | | | |
| - | | 247 | | - 62196 4 | 07.7893532 |
| SIGNATURE: | | | | | |