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May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # P93000009899 (4)

1. Corporation Name  
E.S. CONCRETE SERVICE, INC.



Principal Place of Business  
726 EAST HARBOR RD S  
ST PETERSBURG FL 33705  
US

Mailing Address  
726 EAST HARBOR DR  
ST PETERSBURG FL 33705-3032  
US

3. Date Incorporated or Qualified  
02/01/1993

3a. Date of Last Report  
08/23/1996

2. Principal Place of Business  
21. Suite Apt. # etc. SAME  
22. City & State SAME  
23. Zip Country  
24. 33705 25. Pinellas

2a. Mailing Address  
26. 726 EAST HARBOR DR SO  
27. Suite, Apt. #, etc.  
28. City & State ST. PETERS FL  
29. Zip Country  
30. 33705 Pinellas

4. FEI Number  
59-3119582

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
SLY, ENORIS  
726 E. HARBOR DR., S.  
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent  
81. Name ENORIS SLY  
82. Street Address (P.O. Box Number is Not Acceptable) SAME AS ABOVE  
83. City  
84. City SAME AS ABOVE 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 *Enoris SLY* 4-28-97  
Sign above, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCM	1.1 TITLE	
NAME	SLY, ENORIS	1.2 NAME	
STREET ADDRESS	726 EAST HARBOR DRIVE SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	PTSO	2.1 TITLE	
NAME	SLY, ENORIS	2.2 NAME	
STREET ADDRESS	726 E HARBOR DR S	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Enoris SLY* 4-28-97 (813) 821-5029  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR