# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -6 AM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000012696 (9)**

1. Corporation Name
**SUNCOAST CONCRETE AND MASONRY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 605 EAST COLONIA LANE<br>NOKOMIS FL 34275 | 605 EAST COLONIA LANE<br>NOKOMIS FL 34275 |

DO NOT WRITE IN THIS SPACE

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 03/01/1993 | 03/18/1994 |

| | | | |
|---|---|---|---|
| 21 2. Principal Place of Business: 712 E. Colonia Lane | 26 2a. Mailing Address: 712 E Colonia Lane | 4. FEI Number: 65-0394402 | ☐ Applied For ☐ Not Applicable |
| 22 Suite, Apt. #, etc | 27 Suite, Apt. #, etc | 5. Certificate of Status Desired ☑ | $8.75 Additional Fee Required |
| 23 City & State: Nokomis FL | 28 City & State: Nokomis FL | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 24 Zip: 34275 / 25 Country: Sarasota | 29 Zip: 34275 / 30 Country: Sarasota | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| KEYES, GERALD E CPA<br>333 WEST MIAMI AVENUE<br>VENICE FL 34285 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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: (Name of Registered Agent typed or printed) (NOTE: Registered Agent's signature required when name changed) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☑ Change ☐ Addition |
| NAME | LOFLIN, CLARENCE E | 12 NAME | |
| STREET ADDRESS | 605 E. COLONIA LANE | 13 STREET ADDRESS | 712 E Colonia Lane |
| CITY-ST-ZIP | NOKOMIS FL 34275 | 14 CITY-ST-ZIP | Nokomis FL 34275 |
| TITLE | STD | 21 TITLE | ☑ Change ☐ Addition |
| NAME | LOFLIN, SALLY A | 22 NAME | |
| STREET ADDRESS | 605 E. COLONIA LANE | 23 STREET ADDRESS | Rita Marie Slabaugh |
| CITY-ST-ZIP | NOKOMIS FL 34275 | 24 CITY-ST-ZIP | 29450 Bette Road<br>Sarasota, FL 34251 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is annually furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the report or on an attachment with an addition.

**SIGNATURE:** [signature] 3-30-95 813 484-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0360080 CR