FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000022414 (5)

M & D CONCRETE PUMPING, INC.

M & D CONCRETE PUMPING,	INC.						
Principal Place of Business Mailing Address				140014001 160 (05100 (1614 0614) 80014 00114 00110 6104 11016 11014 01016 11014			
3850 NW BOCA RATON BLVD #4 BOCA RATON FL 33431		3850 NW BOCA RATON BLVD #4 BOCA RATON FL 33431-5848					
				3. Date Incorporated or Qualified 03/22/1993	3a. Date of Last Report 01/30/1996		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
21	26			65-0395225	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	 		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 25	Zφ 29	Country 30		This corporation has liability for in Florida Statutes	nlangible tax under s. 199.032, Yes 🔲 No		
g, Name and Address of 6	Current Registered Agent			10. Name and Address of New Reg	gistered Agent		
LOWE, DANIEL M 3850 NW BOCA RATON BLVD #4 BOCA RATON FL 33431			Name Street Address (P.O. Box Number is Not Acceptable)				
		83	Citv		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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	•			•		
SIGNATURE	Signature, typod or printed name of registered agent and title if applicable	le. (NO1£: R	tegistered Agent signature	e required when reinstating) DATE		-
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE		Change	Addition
NAME	LOWE, DANIEL M		1.2 NAME	!		
STREET ADDRESS	3850 NW BOCA RATON BLVD #4		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY - ST - ZIP	<u></u>		
TITLE	D	DELETE	2.1 TITL€		Change	Addition
NAME	CULLINAN, MARK D		2.2 NAME			
STREET ADDRESS	3850 NW BOCA RATON BLVD #4		2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431		2.4 CHY-ST-ZIP			
TITLE		DELETE	3.1 1ITLE		Change	Addition
NAME			3.2 NAME			i
STREET ADDRESS			3.3 STREET ADDRESS			·
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP			
TITLE		DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 DITY-S1-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			1
SYREET ADDRESS			5.3 STREET ADDRESS			:
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE	_	☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME .		1	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	ALL ALL ELL		6.4 CITY-ST-ZIP			

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 logal offect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an attack month with (an address).

Gl. 201 200

FILED

Apr 21 1997 8:00am

Secretary of State