## 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

## **FILED** Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90021 030 \*\*\*150.00

	MENT # P93000 CONCRETE CORPORATION					
Principal Plac	e of Business	Mailing Address			-	I
		ū				
12090 175TH R   JUPITER FL 33	= '	12090 175TH RD N JUPITER FL 33478-4630				•
30/11/21/12/33	H/0-1000	30FITEN FL 33476-4030			DO NOT WRITE IN THIS SPAC	E
					3. Date Incorporated or Qualifed	T
					03/22/1993	ĺ
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26			65-0397771	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				\$2	75 Additional
22		27				ee Required
City & State City & State						5.00 May Be
23		28				ided to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intangible	
24	25		30	•	Personal Property Tax.	
	9. Name and Address of Curre		701		10. Name and Address of New Registered Agent	
			- 1	31 Name		
CON	ierly, william e		Ļ			
1209	90 175TH RD N		1	32 Street Addr	ess (P.O. Box Number is Not Acceptable)	
JUPITER FL 33478-4630				33		
			[8	34 City	₽ 85	Zip Code
44 Durament	to the provisions of Sasting COZ OF	200 and 607 4500 Florida Challet		<u> </u>	FL  °	
office or re	egistered agent, or both, in the State	e of Florida. Such change was au	thorized l	by the corporation	oration submits this statement for the purpose of changion's board of directors. I hereby accept the appointment	as registered
agent. I ai	m familiar with, and accept the oblig	lations of, Section 607.0505, Florid	da Statut	es.	•	
SIGNATURE	Signature, typed or printed name of registered ag	ant and title if applicable (MOTE: 5	Pagintored A	gent signature require	d when reinstating) DATE	
12.		ND DIRECTORS	13.	gork signatura reduna	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTOPS IN 12
TITLE	D	☐ DELETE	1.1 TITL		Ch	
NAME	CONERLY, WILLIAM E		1.2 NAM	į		
STREET ADDRESS	12090 175TH RD N			.3 STREET ADDRESS		203
J	JUPITER FL 33478-4630					ة ا
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE		Ch	ange Addition C
1	_	- DECENC				ange Li Addition
NAME	ARRINGTON, WALTER H		2.2 NAM			
STREET ADDRESS	12090 175TH RD N			EET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33478-4630		_	'-ST-ZIP	<del> </del>	
TITLE		☐ DELETE	3.1 TITLE		Chr	ange 🗋 Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STR	EET AODRESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	:	□ Cha	·
NAME		e e	4.2 NAM	E	ىيى كەڭ ھىلۇپىدىدە ئاسىيىدىدىدىكى ئىرىنىدىدىدىدىدى <del>بىدىدىدىكىكىلىدىدىدىدىدىدىدىدىدىدىدىدىدىد</del>	
STREET ADDRESS			4.3 STRE	ET ADDRESS		
C/TY-ST-Z/P			4.4 CiTY	ST-ZiP	·	J
TITLE		☐ DELETE	5.1 TITLE	: -	Cha	ange 🔲 Addition
NAME			5.2 NAM	<b>■</b>		
STREET ADDRESS			5.3 STRE	ET ADDRESS	•	
CITY-ST-ZIP			5.4 CITY	ST-ZIP	•	)
TITLE		☐ DELETE	6.1 TITLE		☐ Cha	inge Addition
NAME			6.2 NAMI	<b>.</b>		
STREET ADDRESS				ET ADDRESS		
			6.4 CITY		•	
CITY-ST-ZIP			0.4 CHT	01-ZIF		1

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 nor on an attachment with an address, with all other like empowered.

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