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

DOCUMENT # P93000024348

M.J.S. CONCRETE, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90178 050 ***150.00



Principal Place		Mailing Address	_		
3601-N-STATE-	- -		to one wants	2 9	
GENEVA FL 32732 GENEVA FL 32732 US US				DO NOT WRITE IN THIS SPACE	
03		00		3. Date Incorporated or Qualifed	
				04/01/1993	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 1320 OLL	MINS RD	7 59-3170004	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 1321	O OLD MIMS KD	27		0. 30. months of contract of	Fee Required
City & State		City & State	FL	6. Election Campaign Financing	. \$5.00 May Be
23 62	NEUH, FC	28 GENEUA,		Trust Fund Contribution	
Zip	Country SEW TAN	~ ~~~~~~~ ~	Country SEMINOLE	8. This corporation owes the current year Int	tangible ☐Yes ☐No
24	-34/3625 3E75		JEMTROCE	Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Current	i vehisteten wäsiit	81 Name	10, Hallie and Company of Heal Healthan	<u> </u>
SER	GI, LOANNE Y				
3 601 N. ST. ROAD 426 13 20 0LD M≠M5 R D GENEVA FL 32732			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	FL	85 Zip Code
11 Pursuant	to the provisions of Sections 607 0503	2 and 607,1508, Florida Statutes	the above-named corr	poration submits this statement for the numose of	changing its registered
office or re	registered agent, or both, in the State of marginal familiar with, and accept the obligation	of Florida. Such change was auth	orized by the corporati	ion's board of directors. I hereby accept the appoi	intment as registered
	m laminar with, and accept the obligat	goris or, section corrisoos, i fonde	Gilliotos,		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re-	gistered Agent signature require		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SERGI, MICHAEL J	NO MILMS RO	. 1.2 NAME		
STREET ADDRESS	3601 N ST RD 428 1320	المحادة المحادة المحادد	1.3 STREET ADDRESS		
CITY-ST-ZIP	GENEVA FL		1.4 CITY-ST-ZIP		
TITLE	Τ	☐ DELÉTE	2.1 TMLE		☐ Change ☐ Addition
NAME	SERGI, LOANNE Y	A O MEMS RO	2.2 NAME		
STREET ADDRESS	3601 N STATE ROAD 420 13	20 000 1000	2.3 STREET ADDRESS		
CITY-ST-ZIP	GENEVA FL		2 4 CITY-ST-ZIP		Change Address
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME .			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		□ Citange □ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change DAddition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		i	6.4 CITY-ST-ZIP		

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 or on an attachment with an address, with all other like empowered.

SIGNATURE: