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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P93000032012 (5)

DOCUMENT #
1. Corporation Name PAY CHISTOMIZED CONCRETE

DAT COSTONIZED CONCRETE, INC.								
Principal Place	of Business	Mailing Address				II OONII OOKOE KEKE INDI		
1200 JW HUNT BLVD #7 Panama City FL 32404		1200 JW HUNT BLVD. #7 PANAMA CITY FL 32404						
					<ol> <li>Date Incorporated or Qualified 04/29/1993</li> </ol>	3a. Date of Las 05/31/		
2. Principal Pl.	ace of Business	2a. Mailing Address			4, FEI Number		Applied For	
Suite, Apt.	# etc	Suite, Apt. #, etc.		·	59-3182800		Not Applicable	
22		27 Saite, Apt. #, etc.	·-¬		5. Certificate of Status Desired	1 1	75 Additional	
City & State		City & State		6. Election Campaign Financing		ee Required		
23		28			Trust Fund Contribution		.00 May Be	
Zip Country		Z.p	Z-p Country		8. This corporation has liability for it			
24 25		29 30			Florida Statutes			
	g. Name and Address of Current	Registered Agent		1	10. Name and Address of New R	egistered Agent		
CORR	CHEDDY D		81	Name				
COBB, SHERRY R 1200 JW HUNT BLVD., #7			82	Street Add	ress (P.O. Box Number is Not Acceptabl	le)		
	A CITY FL 32404		83	<del> </del>				
I I W W WIN	A OH 12 02404			<u> </u>			}	
			84	Orty		FL 85	Zip Code	
familiar wit	h, and accept the obligations of, Section			named corpo poration's boa	ration submits this statement for the purp and of directors. Thereby accept the appo		s registered office red agent. I am	
SIGNATURE _	Signature: typed or printed hame of registion diagric; an	ige nem ig garage en el ser i la g						
12.	OFFICERS AND		OTE Roy stered Age	frit Sign af oferveitpune		DATE	7000	
TITLE	PTD	☐ DELETE	1 1 like		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT		
NAME	COBB, SHERRY R		1 2 NAME				,o [] Addition	
STREET ADDRESS	4000 4141 11142 0114		1.3 STHEFT ADDRESS				4:	
CITY - ST - ZIP	PANAMA CITY FL		1.4 C(TY - S	ST- <b>Z</b> (P				
TITLE	VPSD	DELETE 2			Change Addition		e Addition	
NAME	COBB, ERVIN S		2.2 NAME					
STREET ADDRESS			2.3 STREET ADORESS					
CITY-ST-ZIP	PANAMA CITY FL		2 4 CITY - S	ST - ZIP				
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CITY-ST-ZIP			3.3 STREE					
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NAME		barrie	4 2 NAME			Chang	e 🔲 Addition	
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CITY-ST-ZIP			4 3 STREET 4 4 CHTY - S					
TITLE		☐ DELETE	5 ! TITLE	1-ZIF		☐ Chang	e Addition	
NAME		-	5.2 NAME			[_] Griding	- LT Vagition	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY - ST - ZIP			5.4 CHY. S					
TITLE		[] DELETE	6.171116			☐ Chang	e	
NAME			6.2 NAME	1		<b>⇔</b> : • • •		
STREET ADDRESS			6 3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CHTY - S	T-712	_			
14 I do hereby	certify that the information supplied wit	ather files is unfuntarily turn	siched and door		the second to the second to the second			

roo nereuly cernity that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 12 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR