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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

Principal Place of Business

P93000032012 (5)

Maiting Address

BAY CUSTOMIZED CONCRETE, INC.

1200 JW HUNT BLVD #7 PANAMA CITY FL 32404		1200 JW HUNT BLVD., #7 Panama City Fl. 32404-5872		·			
					3. Date incorporated or Qualified 04/29/1993	3a. Date of Last Re 04/17/1996	eport
7	ace of Business	2a. Mailing Address			4. FEI Number	 	plied For
Cuito Ace (# cole				59-3182800	80.75	ot Applicabl
Suite, Apt. #, etc.		27 Stille, Apr. #, etc.	— ₁		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State)	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	Country	1	8. This corporation has liability for		199 032,
L	9. Name and Address of Cur	rent Begistered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No	
٠		ient vedistelen währt	81	Name	IO. Name and Address of New No	distated whatit	
	BB, SHERRY R						
	0 JW HUNT BLVD., #7 IAMA CITY FL 32404		82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
PAN	DAMA CHIT FL 32404		83	ļ			
			ļ <u>.</u>			·····	
			84	City	•	FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508, Florida Stat	utes, the abov	e-named cor	rporation submits this statement for the pation's board of directors. I hereby accept	nurnose of changing it	s registere
agent Lar	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was bligations of, Section 607.0505, I	s aumonzed b Florida Statute	y tne corpora s.	ation's board or directors. I hereby accep	pt the appointment as	registered
SIGNATURE							
	Signature, type diar printed name of registered			ent signature requ	lifed when re-installing)	DATE	20 141 40
2.		AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	Additi
11.F	CORP SHEEDS B	□ otteit		1		Criange	וויטטה נייד
WF	COBB, SHERRY R	,	1.2 NAME				
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