PROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:50

DOCUMENT # **P93000032062 (0)**

1. Corporation Name

**INTERCOASTAL CONCRETE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| RT 1 BOX 41149<br>MYAKKA CITY FL 34251<br>US | 46 NORTH WASHINGTON BLVD.<br>SUITE 1<br>SARASOTA FL 34236 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

3. Date Incorporated or Qualified: **05/01/1993**

3a. Date of Last Report: **04/21/1994**

4. FEI Number: **65-0412154** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SHESLER, VICKIE L**
**46 N. WASHINGTON BLVD**
**SUITE 1**
**SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. 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, typed or printed name of Registered Agent and the date) (If new Registered Agent) (Signature required when necessary) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DV | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | PARKER, LEAH A | 1.2 NAME | |
| STREET ADDRESS | RT 1 BOX 41149 | 1.3 STREET ADDRESS | |
| CITY ST ZIP | MYAKKA CITY FL | 1.4 CITY ST ZIP | |
| TITLE | DT | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | ZACHARA, LOUANN | 2.2 NAME | |
| STREET ADDRESS | 6364 BONNIE CT | 2.3 STREET ADDRESS | |
| CITY ST ZIP | ST CLOUD FL | 2.4 CITY ST ZIP | |
| TITLE | P | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | ZACHARA, JOSEPH J | 3.2 NAME | |
| STREET ADDRESS | 6364 BONNIE CT | 3.3 STREET ADDRESS | |
| CITY ST ZIP | ST CLOUD FL | 3.4 CITY ST ZIP | |
| TITLE | S | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | PARKER, JAMES E | 4.2 NAME | |
| STREET ADDRESS | RT 1 BOX 41149 | 4.3 STREET ADDRESS | |
| CITY ST ZIP | MYAKKA CITY FL | 4.4 CITY ST ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY ST ZIP | | 5.4 CITY ST ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY ST ZIP | | 6.4 CITY ST ZIP | |

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: *Joseph J. Zachara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH J. ZACHARA, President**

24-JUN-95 (Date)

407-892-5022 (Telephone Number)

011811 CP