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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000044672 (2)

1. Corporation Name

CONCRETE PRESERVATION, INC.

Principal Place of Business

8190 LITTLETON RD
STE 108
N. FT. MYERS FL 33903
US

Mailing Address

8190 LITTLETON RD
STE 108
N. FT. MYERS FL 33903
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0419929

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 9051 ALENA CT NW
Suite, Apt. #, etc.

22 City & State

23 N. Ft. Myers FL

24 33903

25

2a. Mailing Address

26 P.O. Box 42916
Suite, Apt. #, etc.

27 City & State

28 N. Ft. Myers FL

29 33918

30

9. Name and Address of Current Registered Agent

KAYUSA, MICHAEL F ESQUIRE
1922 VICTORIA AVENUE
SUITE A
FT. MYERS FL 33901

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PV
NAME	FREDERICK, LEON F
STREET ADDRESS	9051 ALENA CT. NORTHWEST
CITY - ST - ZIP	N. FT. MYERS FL 33903
TITLE	T
NAME	FREDERICK, LINDA A
STREET ADDRESS	9051 ALENA CT. NORTHWEST
CITY - ST - ZIP	N. FT. MYERS FL 33903
TITLE	S
NAME	CORY, ROBERT
STREET ADDRESS	9051 ALENA CT. NORTHWEST
CITY - ST - ZIP	N. FT. MYERS FL 33903
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	DELETE
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(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 on the receiver or located empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone