

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMMIE B. MONTAG
Secretary of State
DIVISION OF CORPORATE MATTERS

DOCUMENT # **P93000050294 (6)**

Incorporator Name:

STRINGFELLOW CONCRETE, INC.

APPROVED
AND
FILED

MAY 11 AM 10:25

TARPON SPRINGS
FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/13/1993** 3a. Date of Last Report **05/11/1994**

4. FEI Number **59-3187996** Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing ☐ **\$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 2a. Mailing Address
21. Suite Apt. # etc. 26. Suite Apt. # etc.
22. City & State 27. City & State
23. City & State 28. City & State
24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent

**STRINGFELLOW, SHERRY
503 HARMONY LANE
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0402 and 607.1702 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. Thereby, accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Print Name of Agent or Registered Agent, if Different from Above)

(Print Name of Registered Agent if Registered Agent is Not a Director)

(Date)

12. OFFICERS AND DIRECTORS

NAME **P**
NAME **STRINGFELLOW, SHERRY**
STREET ADDRESS **503 HARMONY LANE**
CITY, ST, ZIP **TARPON SPRINGS FL**
NAME **VP**
NAME **STRINGFELLOW, PHILLIP**
STREET ADDRESS **503 HARMONY LANE**
CITY, ST, ZIP **TARPON SPRINGS FL**
NAME
NAME
STREET ADDRESS
CITY, ST, ZIP
NAME
NAME
STREET ADDRESS
CITY, ST, ZIP
NAME
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY

1. NAME ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. NAME
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. NAME
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. NAME
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. NAME
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. NAME
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. NAME
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP
29. NAME
30. NAME
31. STREET ADDRESS
32. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and drawn and drawn equally for the corporation stated in Section 199.032(1)(b) Florida Statutes. Further, I certify that the information included 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. I am an officer or director of the corporation or the registered agent 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:

Sherry Stringfellow **Sherry Stringfellow**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95

934-8781