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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthanii

Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # P93000052290 (2)

GOPHERIT CONCRETE, INC.

	nii cononeit, mo								
Principal Place of Business Mailing Address									
2910 ROGERS AVENUE 2910 ROGERS AVENUE TAMPA FL 33611				E					
TAMPA FL 33	611	IAM	IPA FL 33011						
						3. Date Pricorporated or Qualified 07/27/1993		e of Last R 3/22/199	
						4. FEI Number			Applied For
2. Principal Pla 21	ace of Business	F1	laiing Address			65-0486871		$\vdash$	Not Applicable
Suite, Apt. #, etc.		26	Suite, Apt. #, etc				\$8.75 Additional		
22		— — ·	27			5. Certificate of Status Desired		Fee Required	
City & State		L	City & State			6. Election Caminalign Financing\$5.00 M			<b>0</b> Мау Ве
23		28			Trust Fund Contribution	LJ	Adde	d to Fees	
Zip	Country	Z	ıb.	Country		8. This corporation has liability for		ax under s	199.032,
24	25	29		30		Florida Statutes Ye 10. Name and Address of New	s ∐No	A	
	9. Name and Address of Cur	ent Register	red Agent	81	Name	10. Name and Address of New	Registered	Agent	
<b>61111</b>	ALLEN 64 A			31					
SMALL, CHARLES C 5822-B BARRY RD			82	Street Add	liess (P.O. Box Number is Not Accepta	hie)			
TAMPA F				83				••	
IAMPA	-L 33034			L.					
ı				84	City		FL	85 Z	ip Code
11. Pursuant t	to the provisions of Sections 607.05	.02 and 607.1	1508, Florida State	irtes the above i	iamed corpc	ration submits this statement for the pr	rpose of ch	anging its	registered office
or register	ed agent, or both, in the State of Fi th, and accept the obligations of, S	orda Suchic	hanne was author	ized by the cord	oration's boa	ard of directors. Thereby accept the ap	pointment a	s registered	d agent i am
	in, and accept the buildings of a	5000 001.03	Transfer Cristian						
SIGNATURE	Signature, typical or protestion in of regulation La	pertaisinti Caro	custos d	NOTE: Registered Age	Estimation regar		DATE		
12.	OFFICERS.	AND DIRECTO	ORS	13.	<del>-</del> <sub> </sub>	ADDITIONS CHANGES TO OF	~···		
TITLE	D		☐ DELETE	1.15006				Change	☐ Addition
NAME	SMALL, CHARLES C			1.2 NAME					
STREET ADDRESS	2910 ROGERS AVENUE			1.3 STHEE	1				
CITY+ST-ZIP	TAMPA FL 33611		Faculti	1.4 CITY-1	31 - ZIF			Change	no:tibbA [
TITLE			DELEJE	2 1 1/11 E				L Gridings	
NAME				2.2 NAME	********				
STREET ADORESS				23 STREE	i				
CITY-ST-ZIP			[ ] DELETE	24 CilV -: 3 1 TiTuE	21.70			Change	Addition
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NAME STREET ADDRESS					I ADDRESS				
CITY-ST-ZIP				3.4 CiTY -	1				
TITLE		<del></del>	☐ DELETE	4 1 TIFLE				Change	Addition
NAME			-	4.2 NAME					
STREET ADDRESS				4.3 STREE	LADDRESS				
CITY-ST-ZIP				4.4 CITY -	S1 - 7i2				
THUE			DEFELE	5 1 TiTLE				Change	☐ Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 S1R88	LADORESS				
CITY-ST-ZIP				5.4 Cily -	S1 - ZIP			<del></del>	
TITLE			DELETE	6 1 TITLE				☐ Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				63SIRFE	T ADDRESS				
CHTY+ST+ZIP				6.4 CI*Y-	S≛-ZIP				

14. If 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 early, 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 charges, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/92 (813) 881 9637

CR2E034 (12/95)