**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P93000072757

1. Corporation Name

DANIELS	CONCRETE PUMPING, I	NC.						
Principal Place	e of Business	Mailing Address				L 30011601 319 18109 11311 80111 60111 00311	1811: 18810 ( <u>481) 1878</u> 1	PHILIPPI INDI
1620 YVONNE ST APOPKA FL 32712 APOPKA FL 32712						DO NOT WRITE IN	THIS SPACE	
					ĺ	3. Date Incorporated or Qualifed		
						10/20/1993		}
Principal Place of Business     2a. Mailing Address						4. FEI Number	Ap	plied For
21		26				59-3201550	No.	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re	
City & State	е	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	- 1
Zip 24	Country 25	Zip 29 3	Country			This corporation owes the current ye     Personal Property Tax.	ar Intangible	□No
24	9. Name and Address of Curr		<u> </u>			10. Name and Address of New Regist	ered Agent	
			81	Name				
	iels, donald		82	Street	Addres	s (P.O. Box Number is Not Acceptable)	<del></del>	
1620 YVONNE ST				Ollock	7100100	( :o: Sox Hamber is Herr Sospices)		
APOPKA FL 32712			83			<del></del>		
			84	City			FL 85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered a	gations of, Section 607.0505, Florid gent and title if applicable. (NOTE: R			equired w	vhen reinstating) DA		
12.	OFFICERS /	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	PS	☐ DELETE	1.1 TITLE		V.	r. malde warner Jr.	Change	<u>∰</u> Addition
NAME	DONALD, DANIELS		12 NAME		00	3 Rock Oak Dr.		
STREET ADDRESS	1620 YVONNE STREET		1.3 STREET	ADORESS	40	S KOOK CON DA		İ
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST	-ZIP	Or	lando, Fl. 32809	[] Change	Addition
TITLE	V	<b>™</b> DELETE	2.1 TITLE				L_1 Change	
NAME	CLARK, BRYAN		2.2 NAME					
STREET ADDRESS	5928 GILLAM ROAD		2.3 STREET		ĺ		·	
CITY-ST-ZIP			2.4 CITY-S 3.1 TITLE	T-ZIP	-		[] Change	Addition
TITLE			3.2 NAME			•	,	-
NAME			3.3 STREET	ADDDESS.				
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-S		**			
TITLE		☐ DELETE	4.1 TITLE	1 <u>4 1</u>			Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S1					
TITLE		☐ DELETE	51 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADORESS	:			1
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP				
TITLE		☐ DELETE	6.1 TITLE			···	☐ Change	☐ Addition

14. I hereby certify that the information supplied with this filing 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, if he are address, with an other like empowered. Dorrald D DANielS

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90048 011 \*\*\*150.00

407-889-8710