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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000076980 (0)**

1. Corporation Name
**PRECISION CONCRETE CUTTING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 39832<br>SARASOTA FL 34231 | P.O. BOX 39832<br>SARASOTA FL 34231 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/01/1993**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **65-0450675** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**THOMPSON, TED**
**7138 ANTIGUA PL**
**SARASOTA FL 34231**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | THOMPSON, TED | 1.2 NAME | | |
| STREET ADDRESS | 7138 ANTIGUA PL | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34231 | 1.4 CITY-ST-ZIP | | |
| TITLE | P | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | THOMPSON, TED | 2.2 NAME | | |
| STREET ADDRESS | 7138 ANTIGUA PL | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL | 2.4 CITY-ST-ZIP | | |
| TITLE | VP | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | THOMPSON, DEAN A. | 3.2 NAME | | |
| STREET ADDRESS | 7138 ANTIGUA PL | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL | 3.4 CITY-ST-ZIP | | |
| TITLE | VP | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | THOMPSON, JOY A. | 4.2 NAME | | |
| STREET ADDRESS | 7138 ANTIGUA PL | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL | 4.4 CITY-ST-ZIP | | |
| TITLE | S | 5.1 TITLE | | ☒ Change ☐ Addition |
| NAME | THOMPSON, JIMMY | 5.2 NAME | | |
| STREET ADDRESS | 7138 ANTIGUA PL | 5.3 STREET ADDRESS | 1042 2ND ST. | |
| CITY-ST-ZIP | SARASOTA FL | 5.4 CITY-ST-ZIP | Ft. Myers Beach, FL. 33931 | |
| TITLE | T | 6.1 TITLE | | ☒ Change ☐ Addition |
| NAME | LEAVER, GEORGE I. | 6.2 NAME | | |
| STREET ADDRESS | 7138 ANTIGUA PL | 6.3 STREET ADDRESS | 3035 SILK OAK DR. | |
| CITY-ST-ZIP | SARASOTA FL | 6.4 CITY-ST-ZIP | SARASOTA, FL. 34232 | |

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:** L. Q. Thompson — 4-1-95 — 813-924-6044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0446106 FP