

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000076980 (0)

1. Corporation Name

PRECISION CONCRETE CUTTING, INC.



Principal Place of Business

Mailing Address

P.O. BOX 38832  
SARASOTA FL 34231

P.O. BOX 38832  
SARASOTA FL 34231

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/01/1993

3a. Date of Last Report

04/20/1995

4. FEI Number

65-0450675

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

10. Name and Address of New Registered Agent

THOMPSON, TED  
7138 ANTIGUA PL  
SARASOTA FL 34231

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 being registered

Signature typed or printed name of corporation being registered

4-21-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, TED	
STREET ADDRESS	7138 ANTIGUA PL	
CITY-STATE-ZIP	SARASOTA FL 34231	
TITLE	P	<input type="checkbox"/> DELETE
NAME	THOMPSON, TED	
STREET ADDRESS	7138 ANTIGUA PL	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	THOMPSON, DEAN A.	
STREET ADDRESS	7138 ANTIGUA PL	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	THOMPSON, JOY A.	
STREET ADDRESS	7138 ANTIGUA PL	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THOMPSON, JIMMY	
STREET ADDRESS	1042 2ND ST	
CITY-STATE-ZIP	FT. MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEAVER, GEORGE I.	
STREET ADDRESS	3035 SILK OAK DR.	
CITY-STATE-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	THOMPSON, Jimmy
5.3 STREET ADDRESS	7138 ANTIGUA PL
5.4 CITY-STATE-ZIP	SARASOTA, FL. 34231
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 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: *Ted Thompson* TED THOMPSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-96

DATE

941-924-6044

Telephone Number

CR2E034 (12/95)