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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000076980 (0)

1. Corporation Name
PRECISION CONCRETE CUTTING, INC.



Principal Place of Business

P.O. BOX 38832
SARASOTA FL 34231

Mailing Address

P.O. BOX 38832
SARASOTA FL 34231-0832

3. Date Incorporated or Qualified
11/01/1993

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

21 7138 ANTIGUA PL.

Suite, Apt. #, etc.

22

City & State

23 SARASOTA FL.

Zip

24 34231

Country

25 SARASOTA

2a. Mailing Address

26 7138 ANTIGUA PL.

Suite, Apt. #, etc.

27

City & State

28 SARASOTA FL

Zip

29 34231

Country

30 SARASOTA

4. FEI Number

65-0450675

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME THOMPSON, TED
STREET ADDRESS 7138 ANTIGUA PL
CITY-ST-ZIP SARASOTA FL 34231

TITLE P ☐ DELETE

NAME THOMPSON, TED
STREET ADDRESS 7138 ANTIGUA PL
CITY-ST-ZIP SARASOTA FL

TITLE VP ☐ DELETE

NAME THOMPSON, DEAN A.
STREET ADDRESS 7138 ANTIGUA PL
CITY-ST-ZIP SARASOTA FL

TITLE VP ☐ DELETE

NAME THOMPSON, JOY A.
STREET ADDRESS 7138 ANTIGUA PL
CITY-ST-ZIP SARASOTA FL

TITLE S ☐ DELETE

NAME THOMPSON, JIMMY
STREET ADDRESS 7138 ANTIGUA PLACE
CITY-ST-ZIP SARASOTA FL

TITLE T ☒ DELETE

NAME LEAVER, GEORGE I.
STREET ADDRESS 3035 SILK OAK DR.
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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, or on an attachment with an address.

SIGNATURE: Ted Thompson

4-15-97

941-924-6044

CR2E034 (9/96)