

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000081313 (7)

1. Corporation Name

CONCRETE DESIGNS UNLIMITED, INC.



Principal Place of Business

245 DAISY AVE SW
FT MYERS FL 33908

Mailing Address

245 DAISY AVE SW
FT MYERS FL 33908

3. Date Incorporated or Qualified
11/29/1993

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21 245 Daisy Ave SW

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

EDY, WILLIAM
201 NICHOLAS PARKWAY WEST
CAPE CORAL FL 33991

2a. Mailing Address

26 FT MYERS FL 33908

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0468825

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

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

1. 1 TITLE ☐ DELETE

D
NAME
COTE, FRANCIS L
STREET ADDRESS
245 DAISY AVE SW
CITY-ST-ZIP
FT MYERS FL 33908

2. 1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. 1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. 1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. 1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. 1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

7. 1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

8. 1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-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:

Francis L. Cote FRANCIS L. COTE

Date

Daytime Phone #

2-6-96 454-8190

CR2E034 (12/95)