

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MATHIAS
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088198 (5)

1. Corporation Name

RON LORENZ CONCRETE, INC.

APPROVED
AND
FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**7003 FOUNTAIN AVENUE
TAMPA FL 33634**

Mailing Address

**7003 FOUNTAIN AVENUE
TAMPA FL 33634**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

12/28/1993

3a. Date of Last Report

03/11/1994

4. FEI Number

59-3220053

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

2. Principal Place of Business

21

State Apt # etc

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

State Apt # etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LORENZ, RONALD
7003 FOUNTAIN AVENUE
TAMPA FL 33634**

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 607.0402 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

Agent or Agent-in-Charge (must sign with a seal)

By: Registered Agent (signature required when filing)

Date

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LORENZ, RONALD
STREET ADDRESS	7003 FOUNTAIN AVENUE
CITY, ST, ZIP	TAMPA FL 33634
TITLE	D
NAME	LORENZ, CHARLEEN
STREET ADDRESS	7003 FOUNTAIN AVENUE
CITY, ST, ZIP	TAMPA FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. 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 Sections 611.07(3)(b), 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 or changed, or on an attachment with an address.

SIGNATURE:

Charleen Lorenz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charleen LORENZ

TYPE

5/5/95

813-224-5020

TELEPHONE NUMBER

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey H. Winkler
GOVERNOR
TALLAHASSEE, FLORIDA 32304-0001

AS-MAILED
MAY 1995

DOCUMENT # P93000088476 (5)

TJB INC.

MAY 11 1995 12:25

AS-MAILED
TALLAHASSEE, FLORIDA

Principal Office of Registered Agent
800 2ND AVE NE
ST PETERSBURG FL 33701

Managing Address
800 2ND AVE NE
ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/01/1994	
4. FIC Number	Applied For Not Applicable
59-3218709	
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

2. Director's Office of Registered Agent	2a. Managing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
WOLFE, LARRY 200 A JOHN KNOX RD TALLAHASSEE FL 32303-6643

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 601.02(3) and 601.1408, 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, and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 601.02(3) Florida Statutes.

SIGNATURE

Signature of Registered Agent or Designated Agent

Signature of Registered Agent or Designated Agent

1995

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	D ADDOMS, ROBERT 656 66TH AVE S ST PETERSBURG FL 33705	1. TITLE	P/DIC
NAME		2. NAME	Addoms, Robert
NAME		3. STREET ADDRESS	656 66TH AVES
NAME		4. CITY & STATE	ST. PETERSBURG, FL 33705
NAME		5. TITLE	V
NAME		6. NAME	OWENS, JERRY
NAME		7. STREET ADDRESS	1731 SILVERWOOD ST
NAME		8. CITY & STATE	TARON SPRINGS, FL 32489
NAME		9. TITLE	T/S
NAME		10. NAME	OWENS, TOM
NAME		11. STREET ADDRESS	431 ROYAL OAK DR.
NAME		12. CITY & STATE	ALEXANDRIA, KY 40101
NAME		13. TITLE	
NAME		14. NAME	
NAME		15. STREET ADDRESS	
NAME		16. CITY & STATE	
NAME		17. TITLE	
NAME		18. NAME	
NAME		19. STREET ADDRESS	
NAME		20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am qualified to be the registered agent for the corporation. I further certify that the information included 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. If there are any officers or directors of this corporation or the reason for their resignation or removal is not stated in this report as required by Chapter 601, Florida Statutes, and that my name appears in this report as the registered agent, I am not changing or accepting an appointment with an address.

SIGNATURE:

Robert M. Addoms Pres.

Signature of Registered Agent or Designated Agent

5-6-95

9/3 866 0639