## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

TITORY CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400000849 (7)

CHARLES TIMMONS CONCRETE CONSTRUCTION COMPANY, I **NCORPORATED** 

Principal Place of Business **ROUTE 13. BOX 820** LAKE CITY FL 32055

Mailing Address

ROUTE 13. BOX 820 LAKE CITY FL 32055

## **FILED** Feb 03 1998 8:00am Secretary of State



									DO NOT WRITE	IN THIS S	PACE		
								Γ	3. Date Incorporated or Qualified				
									12/27/1993				
2. Principal P	lace of Busin	2a.	2a. Mailing Address				i	4. FEI Number			Applied F	or	
21			26	26					59-3214968			Not Applie	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					50 02 14000		\$8.7	5 Addition	
22				27					<ol><li>Certificate of Status Desired</li></ol>	$\boxtimes$		: Required	
City & State				City & State									_
<b>—</b> , '	e		<u> </u>	<u>├</u>					6. Election Campaign Financing			<b>30</b> May Be	
23				28					Trust Fund Contribution	<u> </u>		ed to Fees	<del></del>
Zip		Country	<b>⊢</b>	Zip Countr			y	This corporation owes or has paid the current year Intangible					
24		25	29	<u> </u>					Personal Property Tax due June 30. 🔀 Yes 🗌 No				
	g Name	and Address of Cur	rent Registe	ered Agent				,	<ol><li>Name and Address of New Reg</li></ol>	istered A	gent		
TIM	IMONS, CH	IARLES		81			81 Name						
RO	UTE 13. BC	OX 820		GO Chron			<u> </u>	Address (D.O. Day Number in Net Approximately)					
	KE CITY FL				82 Street Add			Address	(P.O. Box Number is Not Acceptable	e)			
O u	NE OIL TE	32000				83						<del>_</del>	
						"							
						84	City				85 Z	ip Code	
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11. Pursuant t	to the provisi	ons of Sections 607.0	502 and 60	7.1508, Florida St	tatutes, th	e abov	e-namec	corpora	ation submits this statement for the pure sound of directors. I hereby accept	irpose of	changin	g its regist	ered
office or re	egisteren ag	ent, or both, arths Sta	ate of Florida	a. Such change w	vas author	ized by	y the cor	poration	's board of directors. I hereby accept	the appo	intment	as register	red
agent, 1 a	X Z										,	,	
SIGNATURE	20000	4 /mm	15/2	- CHARLE	<u> </u>	1000	70NS				128	<u> 198                                    </u>	
	Signature, typed	or printed name of registered					ent signature	e required w	rhen reinstating)	DATE			
12.		OFFICERS A	ND DIREC			3.		1	ADDITIONS/CHANGES TO OFFICE	ERS AND			
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CITY-ST-ZIP	autification at the	information				4 CITY-S		<u> </u>	W 440 07(0)(1) Et 11 01 11 11		· ·		,
14. I nereby co	ertity that the	information supplied	tilit sını nıw	ng coes not quali	ry for the	exempl	tion state	ea in Sea	tion 119.07(3)(i), Florida Statutes. I fu	triner cert	ity that ti	ne informat	tion

remain annual report is due and accurate and that my signature shall have the same legal effect as it made under oath; that I am at tenepret or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address.