

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 1:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000006588 (5)

1. Corporation Name

AARON BLACK CONCRETE, INC.

Principal Place of Business

**436 MIDWEST PARKWAY
SARASOTA FL 34232**

Mailing Address

**436 MIDWEST PARKWAY
SARASOTA FL 34232**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/18/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

4. FEI Number

65-0378893

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**

6. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BLACK, AARON B
436 MIDWEST PARKWAY
SARASOTA FL 34232**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

BLACK, AARON B

STREET ADDRESS

C/O 436 MIDWEST PARKWAY

CITY - ST - ZIP

SARASOTA FL 34232

TITLE

V

NAME

BOYLE, JOSEPH

STREET ADDRESS

C/O 436 MIDWEST PARKWAY

CITY - ST - ZIP

SARASOTA FL 34232

TITLE

S

NAME

REED, SAMUEL

STREET ADDRESS

C/O 436 MIDWEST PARKWAY

CITY - ST - ZIP

SARASOTA FL 34232

TITLE

T

NAME

OLSON, TIMOTHY

STREET ADDRESS

C/O 436 MIDWEST PARKWAY

CITY - ST - ZIP

SARASOTA FL 34232

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

**Albert Frasier
c/o 436 Midwest Parkway
Sarasota, Florida 34232**

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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 110.07(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 as changed, or on an attachment with an address.

SIGNATURE:

Aaron B. Black, President.

04/11/95

877-9624