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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P9400006676

Corporation Name

CUSTOM CRETE OF S.W. FL., INC.

FILED Feb 09, 1999 8:00am Secretary of State

02-09-1999 90033 043 ***150.00



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NÁ	PLES FL 33							DO NOT WRITE IN THIS SPACE					
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								01/18/1994					
1	Principal I	Place of Business	22	. Mailing Address				4. FEI Number				Apr	olied For
-	ir inicipai i	Principal Place of Business 2a. Mailing Address 26						65-04770	41			Not	Applicable
21	. 11.	il. 25 Suite, Apt. #, etc. Suite, Apt. #, etc.										\$8.75 A	dditional
15	Suite, Apt	. #, etc		1				5. Certificate of	Status De	sired 🗆		Fee Red	
22		<u> </u>	27 Cit. 8 State					6. Election Campaign Financing \$5.00 May Be					
<u> </u>	; on a sum			City & State	City & State					- 11			
23		·	28					Trust Fund Contribution Added to Fees					
[†] Zip			Country	Zip	Coun	intry		8. This corporation owes the current year Intangible					
24		25	29	29 30				Personal Property Tax. Yes No 10. Name and Address of New Registered Agent					
	1	9. Name and	Address of Current Regi	stered Agent				10. Name and	Address o	f New Regis	tered Ag	<u>ent</u>	
]		San Carlotte St. J. S.			81	Name						
٠,	WA	NDERON, THOM	IAS		L		Ot	nes (D.O. Day Num	har is Not	Accontable)			
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Lã	Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut						-named corpo	pration submits this	statemen	t for the purp	ose of cha	anging its	registered
#	office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid					by t tes	the corporatio	n's board of direct	ors. Therei	by accept the	аррини	ien as reg	Jistered
1	a gent. I	agent. I am tamiliar with, and accept the obligations of, Section 607.0505, Fibrior											· · · · }
	NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: F				F. Pagistered	Registered Agent signature require		when reinstating)	70	D.	ATE		
-4	12. 1	Signature, typed or pri	. OFFICERS AND DIR		13.	.30		ADDITIONS/		TO OFFICE	RS AND	DIRECTO	R\$ IN 12
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14. I 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, with all other like empowered.

SIGNATURE

LINE AND TYPED CIR PEINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-98

941-643-5833

P2E034 (11/98)