

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

FILED

Jun 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000008484 (5)

1. Corporation Name

CONCRETE COATING DESIGNS, INCORPORATED

Principal Place of Business

11334 SKIMMER CT  
JACKSONVILLE FL 3225  
US

Mailing Address

11334 SKIMMER COURT  
JACKSONVILLE FL 32247

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1994

4. FEI Number

59-2851966

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 owes or has paid the current year intangible  
Personal Property Tax due June 30

☐

Yes

☐

No

2. Principal Place of Business

21 273 SEAWOODS DR N

Suite, Apt. #, etc.

22 ST. AUGUSTINE FL

City & State

23

Zip

24 32084

Country

25 ST. JOHNS

2a. Mailing Address

26 Suite, Apt. #, etc.

27 PO BOX 47003

City & State

28 JACKSONVILLE FL

Zip

29 32247

Country

30 DUYAL

9. Name and Address of Current Registered Agent

MOSS, SANFORD  
11334 SKIMMER COURT  
JACKSONVILLE FL 32247

10. Name and Address of New Registered Agent

81 Name

MOSS SANFORD

82 Street Address (P.O. Box Number is Not Acceptable)

273 SEAWOODS DR N

83

84 City

ST AUGUSTINE

FL

85 Zip Code

32084

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

*Sanford Moss*

SANFORD

MOSS

3/9/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MOSS, SANFORD  
STREET ADDRESS P.O. BOX 47003  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE D  
NAME DAWE, MARILYN J  
STREET ADDRESS P.O. BOX 47003  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

273 SEAWOOD DR N

1.4 CITY-ST-ZIP

ST AUGUSTINE FL 32084

2.1 TITLE

VICE PRESIDENT ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

273 SEAWOODS DR N

2.4 CITY-ST-ZIP

ST AUGUSTINE FL

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE *Sanford Moss* SANFORD MOSS 3/9/98 001401317

CR2E034 (10/97)