FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY 16 AM 7:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001493231
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****225.00 ****225.00

DOCUMENT # **P94000021099 (4)**

1. Corporation Name
PRO-CRETE INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2021 SOUTH FLETCHER AVENUE FERNANDINA BEACH FL 32034	2021 SOUTH FLETCHER AVENUE FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified: **03/14/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-3237452 ☐ 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

9. Name and Address of Current Registered Agent

HALL, LOWELL
2021 SOUTH FLETCHER AVENUE
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRES.	11 TITLE	V.P.	☐ Change ☑ Addition
NAME	Lowell Hall	12 NAME	Tim Kauffman	
STREET ADDRESS	2021 S. Fletcher Ave	13 STREET ADDRESS	3299 Winterberry Ave	
CITY ST ZIP	Fernandina Bch. Fla. 32034	14 CITY ST ZIP	Fernandina Bch Fla 32034	
TITLE		21 TITLE	V.P.	☐ Change ☑ Addition
NAME		22 NAME	Bill Cantwell	
STREET ADDRESS		23 STREET ADDRESS	P.O. 1671 N/A	
CITY ST ZIP		24 CITY ST ZIP	Fernandina Bch Fla 32034	
TITLE		31 TITLE	V.P.	☑ Change ☐ Addition
NAME		32 NAME	Garrett Hall	
STREET ADDRESS		33 STREET ADDRESS	872 Oak Lane	
CITY ST ZIP		34 CITY ST ZIP	Fernandina Bch Fla 32034	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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: Lowell Hall — 4-21-95 — (904) 277-3426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000018 CP