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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90051 027 ***150.00

DOCUMENT #	P940000350	12
1. Corporation Name	. 0 .0000000	. —

TRINITY CONCRETE, INC.

Princip	al Place	of	Busine
6393-D	DANNER	DI	R.

Mailing Address

DO NOT WRITE IN THIS SPACE

6393-D DANNE SARASOTA FL		SARASOTA FL 34240						
ONINGOIA IL	. 34240	OMMOGNIC TE OVERS			DO NOT WRIT	TE IN THIS SPA	CE	
					3. Date Incorporated or Qualifed 05/06/1994			
2 Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Apr	olied For
	riace of Dusiness	<u> </u>			65-0493361		\rightarrow	Applicable
Suite, Apt	. # ata	Suite, Apt. #, etc.			00 0400001			dditional
22 Suite, Apt	. #, etc.	27	•		5. Certifcate of Status Desired	П .	Fee Re	quired
City & Sta	ate	City & State			6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country	'	8. This corporation owes the curre			
24	25 29 30				Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Ager	1t	
			81	Name		•		
	CHNER, LEE J		82	Ctroot	Address (P.O. Box Number is Not Accepta	hle)		
232	2 Grove St		02	Sireet	Address (P.O. Box Number is Not Accepta	Die)		
SAF	RASOTA FL 34239		83	 				
			84	' '		FL 85		
office or	t to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was au	thorized by	the corpo	corporation submits this statement for the oration's board of directors. I hereby accep	purpose of chan it the appointme	iging its nt as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered ag	MOTE	Chaintered Ace	nt alamatura e	equired when reinstating)	DATE		
40		ND DIRECTORS	13.	nt signature a	ADDITIONS/CHANGES TO OF		RECTO	RS IN 12
12.		DELETE		_	ADDITIONS/CHARGES TO C.		Change	Addition
TITLE	D	□ DECE IE	1,1 TITLE			_	o nango	
NAME	LECHNER, LEE J		1.2 NAME					
STREET ADDRESS			1.3 STREE	TADDRESS				
CITY-ST-ZIP	SARASOTA FL 34239		1.4 CITY-S	T-ZIP ·				
TITLE	D	☐ DELETE	2.1 TITLE		p	S	Change	☐ Addition
NAME	BECKER, SCOTT S		22 NAME	'	BECKER, SCOTT S			
STREET ADDRESS			2.3 STREE	T ADDRESS	5568 BrIAT CREEK WAY			
	SARASOTA FL 34232		2 4 CITY-		SARASOTA FI. 34235			
CITY-ST-ZIP	SARASOTA FL 34232	☐ DELETE	3.1 TITLE	31-21	STRAISTIN FREE SECTION		Change	Addition
TITLE		C Section				_		_
NAME			3.2 NAME					
STREET ADDRESS	s		3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			Observe	□ Addition
TITLE]	☐ DELETE	4.1 TITLE			U	Change	☐ Addition
NAME	ļ		4. 2 NAME					
STREET ADDRESS	s		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	-		4.4 CITY- 9	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME	1		5.2 NAME					
			1	T ADORESS				
STREET ADDRESS	9		5.4 CITY-S					
CITY-ST-ZIP	1	T oct etc	6.1 TITLE				Change	Addition
TITLE		DELETE				Ц	Change	
NAME	i		6 2 NAME					
STREET ADDRESS	s		6.3 STREE	TADDRESS				
CITY ST ZID			6.4 CITY-5	ST-ZIP				

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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR