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Mailing Address

PO BOX 4460

N FT MYERS FL 33918-4460

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PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

N FT MYERS FL 33903

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TITLE NAME

4461 HANCOCK BRIDGE PKWY



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000043824 (9)

CONCRETE & COATING SPECIALTIES, INC.

FORT MYERS FL 33912

15500 LOOKMABER AVE SE 1-BOI Island Pand Ch

OLSEN, SHARON L

3. Date Incorporated or Qualified 06/13/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0501079 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible □ No ☐ Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name OLSEN, JAN D 13523 BRYNWOOD LANE S.E. Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33912 R3 City 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, 1 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 1.1 TITLE OLSEN, JAN D 1.2 NAME NAME 13523 BRYNWOOD LANE S.E. STREET ADDRESS 1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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2 4 CITY-ST-ZIP

2.1 TITLE

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3.2 NAME

41 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

6.4 CITY - ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

Jan D. Olsen.

4/8/98

941-997-3735

Change

Change

Addition

☐ Addition

Addition

Addition

Addition

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Apr 14 1998 8:00am

Secretary of State

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