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**

DOCUMENT # P94000055584

1. Corporation Name

CITY-ST-ZIP

SOUTHEAST CONCRETE PUMPING, INC.

					-	I Billot bil			
Principal Place of Business Mailing Address						t			
1528 MOYLAN RD 6220 S. LAGOON DR									
PANAMA CITY FL 32408		PANAMA CITY FL 32408				DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed			
						1		i	
2 0-1110	f Duaineau	2- Mailian Address				07/27/1994			
· ·	ace of Business	2a. Mailing Address				4. FEI Number		pplied For	
26						59-3262377		ot Applicable	
Suite, Apt. #, etc.						5. Certificate of Status Desired	-	Additional equired	
22 27						-			
City & State City & State						6. Election Campaign Financing		May Be	
23 28			04			Trust Fund Contribution		to Fees	
Zip	Country Zip Cou			intry	o. This sorporation stress and salitating starting starti				
24	25	29	30	,		, o.o.	Yes	ØÑo	
	9. Name and Address of Current	Registered Agent		24		10. Name and Address of New Registered Age	ent		
MANUED IMMED D				81	Name			}	
WALKER, JAMES D				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
6220 S. LAGOON DRIVE									
PAN	AMA CITY BEACH FL 32408			83					
				84	City		B5 Zip	Code	
				04	City	FL	55 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND I	DIRECT	ORS IN 12	
TITLE	Р	[] DELETE	1.1 TV	ΠĒ] Change	☐ Addition	
NAME	WALKER, JAMES D		1.2 N						
STREET ADDRESS	6220 S. LAGOON DRIVE				ADDRESS	· ·			
]	PANAMA CITY BEACH FL 32408)				•			
CITY-ST-ZIP	VS		2.1 TI	TY-ST	1-ZIP		Change	Addition	
	_				ļ	_	_ 0.10.190		
NAME	WALKER, NANCY E		2.2 N/					1	
STREET ADORESS:	6220 S. LAGOON DRIVE		2.3 S1	REET	ADDRESS				
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		2.4 C		T- ZIP				
TITLE "	VT	DELETE	3.1 71	RΕ] Change	Addition	
NAME	WALKER, DAVID K		3.2 NA	ME.					
STREET ADDRESS	6217A S LAGOON DRIVE		3.3 ST	REET	ADDRESS				
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		3.4. C	TY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TT	ΠE] Change	☐ Addition	
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST	r-ZIP			ļ	
TITLE		☐ DELETE	5.1 TI] Change	☐ Addition	
NAME			5.2 NA						
STREET ADDRESS			5.3 \$1	REET	ADDRESS				
CITY-ST-ZIP			5.4 CI						
TITLE		☐ DELETE	6.1 TT] Change	Addition	
		_	6.2 N						
NAME		•			ADDRESS				
STREET ADDRESS			0.551	CEEL	UDDITION				

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, given an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90180 009 ***150.00