05-05-1999 90123 042 ***150.00

Mailing Address 4856 PAT ANN TERR

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000065066**

1. Corporation Name

Principal Place of Business

4856 PAT ANN TERR

TRI-D CONCRETE MASONRY & CONSTRUCTION, INC.

OHLANDO FL 3	2008	OKLANDO PL 32000			DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
· · ·					3. Date Incorporated or Qualifed			
					09/06/1994			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For	
21		26			59-2322582 <i>59-34486</i> 7	4 Not	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	\$8.75 A		
22		27			5. Certifcate of Status Desired	Fee Re	quired	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year			
24	25	29	30		Personal Property Tax.		□No	
	9. Name and Address of Curi	rent Registered Agent			10. Name and Address of New Registers	d Agent		
			8	1 Name				
MOSLEY, DEAN F				2 Street Add	Iress (P.O. Box Number is Not Acceptable)			
25 S MAGNOLIA AVE				Street Add	(F.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32801		8	3				
			L					
			٤	City	F	85 Zip C	ode	
44 Presugni	to the provinces of Sections 607.0	1502 and 607 1508 Florida Statute	e the abo	ve-named con	poration submits this statement for the purpose	of changing its	registered	
office or r	enistered agent, or both, in the Sta	ite of Florida. Such change was au	thorized t	ov the corporat	ion's board of directors. I hereby accept the app	pointment as reg	gistered	
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, Flori	da Statut	9S.				
SIGNATURE					ed when reinstating) DATE			
	Signature, typed or printed name of registered	<u> </u>		gent signature requir		AND DIRECTO	DC IN 12	
12.		AND DIRECTORS	13.	- 1	ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE .	PD	C) DELETE			•			
NAME	DERICHO, HERMAN		1.2 NAM					
STREET ADDRESS	4856 PAT ANN TERR		1.3 STRE	EET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32808			-ST-ZIP			□ Addition	
TITLE	Τ	☐ DELETE	2.1 TITLI	Ē		Change	Addition Addition	
NAME	DERICHO, MARY J		2.2 NAM	E				
STREET ADDRESS	4856 PAT ANN TERR		2.3 STR	ET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32808		2.4 CIT	-ST-ZIP				
TITLE	S	☐ DELETE	3.1 TITL			☐ Change	Addition Addition	
NAME	DERICHO, VIRGINIA		3.2 NAM	E				
STREET ADDRESS	4856 PAT ANN TERR		3,3 STRI	EET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32808		34 CITY	'-ST-ZIP				
TITLE		☐ DELETE	4.1 TITU			Change	☐ Addition	
NAME			4. 2 NAN					
STREET ADDRESS			1	EET ADDRESS				
				-ST-ZIP				
CITY-ST-ZIP TITLE		□ DELETE	5.1 TITL			☐ Change	Addition	
			5.1 IIIL				_	
NAME				EET ADDRESS				
STREET ADDRESS				ì				
CITY-ST-ZIP			5.4 CITY 6.1 TITL			Change	Addition	
TITLE		☐ DELETE				Change	L Addition	
NAME			6.2 NAM	1				
STREET ADDRESS	1		6.3 STRI	ET ADDRESS				

14. I hereby certify that the information supplied with this filling does not qualify for the examption 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 any attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

...QUIRED SIGNING OFFICER OR DIRECTOR