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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000077225 (8)

1. Corporation Name

CONCRETE LAMINATES, INC.



Principal Place of Business

35 TURKEY TRAIL
CRAWFORDVILLE FL 32327
US

Mailing Address

35 TURKEY TRAIL
CRAWFORDVILLE FL 32327
US

3. Date Incorporated or Qualified
10/20/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3303240

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

2. Principal Place of Business

21 5975 Coastal Highway

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 CRAWFORDVILLE FL.

27 City & State

City & State

23 Zip

24 32327

Country

25 WAKULLA

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

KARSTETER, WILLIAM R
ROUTE 3, BOX 5484-5
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

William R. Karsteter

Signature (Typed or printed name of registered agent or officer or director)

(Date) Signature of Agent (Typed or printed name of registered agent)

4-20-96

(Date)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME KARSTETER, WILLIAM R
STREET ADDRESS 35 TURKEY TRAIL
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE D ☐ DELETE
NAME IORNS, MARTIN E
STREET ADDRESS 1512 LAKEWOOD DR
CITY-ST-ZIP W. SACRAMENTO CA

TITLE ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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: William R. Karsteter

William R. KARSTETER

4-20-96

926-7022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)