

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000086826 (2)

1. Corporation Name

CONCRETE PUMPING, INC.



Principal Place of Business

139 KNIGHT STREET
MASCOTTE FL 34753

Mailing Address

139 KNIGHT STREET
MASCOTTE FL 34753

2. Principal Place of Business

21 1206 W. BROAD ST.

2a. Mailing Address

26 SAME 4

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 GROVELAND FLORIDA

27 City & State

City & State

23

28

Zip

Zip

24 34736

29

Country

Country

25 O.S.A

30

9. Name and Address of Current Registered Agent

HOWARD, JOHN C
201 HOWARD COURT
MASCOTTE FL 34753

3. Date Incorporated or Qualified

11/28/1994

3a. Date of Last Report

12/01/1995

4. FEI Number

59-3270434

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

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 607.1508, 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 date of registration

Signature typed or printed name of registered agent and date of registration

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HOWARD, JOHN C
STREET ADDRESS 201 HOWARD CT.
CITY - ST - ZIP MASCOTTE FL 34753

TITLE VP ☐ DELETE

NAME HOWARD, CHARLES
STREET ADDRESS 139 KNIGHT ST.
CITY - ST - ZIP MASCOTTE FL 34753

TITLE S ☐ DELETE

NAME HOWARD, RACHEL
STREET ADDRESS 139 KNIGHT ST.
CITY - ST - ZIP MASCOTTE FL 34753

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 P ☒ Change ☐ Addition

1.2 NAME HOWARD, JOHN C.
1.3 STREET ADDRESS 1206 W. BROAD ST.
1.4 CITY - ST - ZIP GROVELAND FL 34736

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME HOWARD, CHARLES
2.3 STREET ADDRESS 139 KNIGHT ST.
2.4 CITY - ST - ZIP GROVELAND FL 34736

3.1 TITLE S ☐ Change ☐ Addition

3.2 NAME HOWARD, RACHEL
3.3 STREET ADDRESS 6623 WYNW CANE
3.4 CITY - ST - ZIP GROVELAND FL 34736

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 prior to an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

541-46

352-429-5848

CR2E034 (12/95)