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Jan 15 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1206 W BROAD ST
GROVELAND FL 34736
US

Mailing Address

1206 W BROAD ST
GROVELAND FL 34736-2012
US



3. Date Incorporated or Qualified
11/28/1994

3a. Date of Last Report
05/21/1996

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

2. Principal Place of Business

21 334 E. Myers Blvd

Suite Apt. #, etc.

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

23 City & State

Mascotte, FL

24 Zip

34753

25 Country

27 City & State

28 Mascotte, FL

29 Zip

30 Country

9. Name and Address of Current Registered Agent

HOWARD, JOHN C
201 HOWARD COURT
MASCOTTE FL 34753

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]

Signature typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/97

12. OFFICERS AND DIRECTORS

TITLE P
NAME HOWARD, JOHN C
STREET ADDRESS 1206 W BROAD ST
CITY-ST-ZIP GROVELAND FL

TITLE VP
NAME HOWARD, CHARLES
STREET ADDRESS 6623 WYNN LANE
CITY-ST-ZIP GROVELAND FL

TITLE S
NAME HOWARD, RACHEL
STREET ADDRESS 6623 WYNN LANE
CITY-ST-ZIP GROVELAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME P Howard, John C.
1.3 STREET ADDRESS 334 E. Myers Blvd
1.4 CITY-ST-ZIP Mascotte, FL 34753

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, or on an attachment with an address

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/97

Daytime Phone #

CR2E034 (9/96)