FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Many & Sitte

PROFIT CORPORATION ANNUAL REPORT

1998

LILLEY, GLENNIS

SIGNATURE:

66 N ATLANTIC AVE. SUITE 2



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000093776 (0)

TIME CONCRETE CONSTRUCTION, INC.

Principal Place of Business Mailing Address 8117 CANAVERAL BLVD CAPE CANAVERAL FL 32920 8117 CANAVERAL BLVD. CAPE CANAVERAL FL 32920 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/22/1994 2. Principal Place of Business 2a. Mailing Address 59-3286561 21 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Country Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

FILED May 13 1998 8:00am Secretary of State

|--|--|

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

| COCOA BEACH FL 32931 | | | - | Silebit Address (F.O. Dox Mainbel is Mot Addeptions) | | | | | |
|--|-----------------------------|----------|--------|--|-----------------------------------|---------|----------|--|--|
| | | 1 | 83 | | | | | | |
| | | ļ | B4 | 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 native of registered agent and titluit applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTO | RS IN 12 | | |
| TITLE | D DELETE | 1.1 TITL | .E | | | Change | Addition | | |
| NAME | LILLEY, GLENNIS | 1.2 NAN | Æ | | | | | | |
| STREET ADDRESS | 66 N ATLANTIC AVE., SUITE 2 | 1.3 STR | EET A | ADDRESS | | | | | |
| CITY-ST-ZIP | 00004 85404 51 | | Y-ST | - ZIP | | | | | |
| TITLE | DELETE 21TI | | .E | | Ţ | Change | Addition | | |
| NAME | | 2.2 NAM | Æ | | | | | | |
| STREET ADDRESS | | 2.3 STA | EET A | ADDRESS | | | | | |
| CITY-ST-ZIP | | 2. 4 CIT | Y-\$1 | T - ZIP | | | 1 | | |
| TITLE | DELETE | 3.1 TITL | .E | | | Change | Addition | | |
| NAME | | 3.2 NAM | Æ | | | | | | |
| STREET ADDRESS | | 3.3 STR | EET A | ADDRESS | | | Į | | |
| CITY-ST-ZIP | | 3.4. CIT | Y-51 | T-ZIP | | | | | |
| TITLE | ☐ DELETE | 4.1 TITL | .E | | | Change | Addition | | |
| NAME | | 4 2 NAI | ME | | | | | | |
| STREET ADDRESS | | 4.3 STR | | ADDRESS | İ | | | | |
| CITY-ST-ZIP | 440 | | /-ST | - ZIP | | | | | |
| TITLE | ☐ DELETE | 5.1 TITL | .E | | | Change | Addition | | |
| HAME | | 5.2 NAN | AE | | ľ | | Ï | | |
| STREET ADDRESS | | 5.3 STR | EET A | ADDRESS | | | | | |
| CITY-ST-ZIP | 5.4 CI | | Y - ST | - ZIP | | | | | |
| TITLE | DELETE | 6.1 TITL | E | | | Change | Addition | | |
| NAME | | 6.2 NAM | AE . | | | | | | |
| STREET ADDRESS | | 63 STRI | EET A | ADORESS | 1 | | | | |
| CITY-ST-ZIP | | 6.4 CITY | r-\$1- | - ZIP | | | l | | |
| 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, or on an attachment with an address. | | | | | | | | | |

Name

90 Chrost Address (D.O. Bay Number is Not Assentable)

4/28/98