

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000013857 (4)

1. Corporation Name

TRANS-AMERICAN ~~CONCRETE~~, INC.

NC  
12-14-95  
AES



Principal Place of Business

4419 CRYSTAL LAKE DRIVE #C103  
POMPANO BEACH FL 33064

Mailing Address

4419 CRYSTAL LAKE DRIVE #C103  
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified  
02/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4491 CRYSTAL LAKE DR

26 4491 CRYSTAL LAKE DR

4. FEI Number

65-0557997

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 C103

27 C103

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

28

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINEBERG, LIBO B ESO  
3500 GATEWAY DRIVE  
SUITE 201  
POMPANO BEACH FL 33069

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME EARLL, DAVID ☐ DELETE  
STREET ADDRESS 4419 CRYSTAL LAKE DRIVE #C103  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE VSTD  
NAME HICKMAN, ROGER ☐ DELETE  
STREET ADDRESS 4419 CRYSTAL LAKE DRIVE #C103  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ DELETE  
NAME  
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 PD ☒ Change ☐ Addition  
1.2 NAME HICKMAN, ROGER  
1.3 STREET ADDRESS 4491 CRYSTAL LAKE DR #C103  
1.4 CITY-ST-ZIP POMPANO BEACH FL 33064

2.1 TITLE 4491 ☒ 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 300001796303 ☐ Change ☐ Addition  
4.2 NAME -04/26/96--01054--028  
4.3 STREET ADDRESS \*\*\*200.00  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

Date

954-565-1668

Daytime Phone #

CR2E034 (12/95)