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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 03 1997 8:00am

Secretary of State

DOCUMENT # P95000026269 (7)

	WEST FLORIDA CONCRET	E PUMPING, INC.	···	# 1 No. 10 No. 1			
Principal Place of Business 55 SOUTH "B" STREET PENSACOLA FL 32501		P.O. BOX 18452 PENSACOLA FL 32523-8452 US				1110	
		•			3. Date Incorporated or Qualified 03/29/1995	3a. Date of Last 04/25/1996	•
2. Principal Pi	ace of Business	2a. Mailing Address	.,		4. FEI Number	·	Applied For
21		26		59-3322037	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·		5. Certificate of Status Desired	1 1 '	Additional
City & State			City & State				Required
23		l : 1	28		Etection Campaign Financing Trust Fund Contribution		May Be
Zip Country			Zip Country		Trust Fund Contribution LJ Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,		
24	25	h h	30		Florida Statutes Yes \(\bigcap \) Yes \(\bigcap \) No		
	9. Name and Address of Curre				10. Name and Address of New Re		
SUL	LIVAN, PATRICK		B1 1	Name			
	SOUTH "B" STREET		82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)	
PEN	SACOLA FL 32501		L				
			83				
			84	Čity		85 Zij	o Code
\$1 Purcuent t	a the provisions of Sections CO7 Of	02 and CO7 1509. Eterido Statuto	the above r	onuci orro	ration authorite this eletement for the o	FL 00 21	its topictored
office or re agent. I ar	egistered agent, or both, in the State or familiar with, and accept the oblig	e of Florida Such change was au yations of, Section 607.0505, Flor	ithorized by thi ida Statutes.	ne corporatio	ration submits this statement for the p n's board of directors. I hereby accep	ot the appointment a	is registered
SIGNATURE				.,		<u></u>	
12.	Signature, typed or printed hance of registered no OFFICERS AN	ID DIRECTORS	Registered Agent I	Bignature (equired	ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIRECTO)RS IN 12
TITLE	D	DELETE	1.1 TITLE	<u>-</u>		Change	
NAME	SULLIVAN, PATRICK		1.2 NAME				
STREET ADDRESS	55 SOUTH "B" STREET		1.3 STREET AC	DRESS			
CITY-ST-ZIP	PENSACOLA FL 32501		1.4 CHY-S1-	ZU			
TITLE	D	ાં ાવા	2.1 1171.6			Change	Addition
NAME	LENN, DAVID		2.2 NAME				
STREET ADDRESS	55 SOUTH "B" STREET		2.3 STREET AD				
CITY-ST-ZIP TITLE	PENSACOLA FL 32501	DECETE	2.4 CHY- \$1-	ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME		F1 prece	3.1 THUE 3.2 NAME			L_1 change	□1 VOOIIION
STREET ADDRESS			3.3 STREET AD	IDRESS			
CITY-ST-ZIP			3.3.3 MCC 7AL	ſ			
TITLE		DELETE	4111111		ين هفيم	Change	Addition
NAME			4. 2 NAM!				
STREET ADDRESS			4.3 STREET 1 AD	OURESS			
CITY-ST-ZIP			4.4 CITY - ST - Z	71P			
TITLE		DELETE	5.11010			☐ Change	Addition
NAME			5.2 NAMÉ	1			
STREET ADDRESS			5.3 STREET AD	ſ			
CITY-ST-ZIP		DELETE	5.4 CHY-\$1-7	<u> </u>		Change	Addition
TITLE NAME		F) becese	61 TITLE 62 NAME			∟J Change	LT VOOIDUI
STREET ADDRESS			63 STREET AD	inerce			
CITY-ST-ZIP			64 CHY-SI-	ł			
14. I do hereb	y certify that the information supplied	ed with this filing does not qualify	for the exemi	otion stated i	n Section 119.07(3)(i), Florida Statutes	s. I further certify tha	at the
information I am an of	n indicated on this annual report or ficer or director of the corporation on a Block 12 or Block 13 if changed	supplemental annual report is tru ir the receiver or trustee empowe	e and accura red to execute	te and that n e this report :	ny signature shall have the same lega as required by Chapter 607, Florida S	l effect as if made u tatutes; and that my	nder eath; that name

GNATURE: Patrick Sullivan 3/3/07 (004) 450 00