

2-18-98 B2216 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000035351 (2)**

1. Corporation Name

OLMSTEAD CONCRETE, INC.

Principal Place of Business

**6331 S.W. 41ST STREET
DAVIE FL 33324**

Mailing Address

**6331 S.W. 41ST STREET
DAVIE FL 33324**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0679298	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
OLMSTEAD, RONALD 6331 S.W. 41ST STREET DAVIE FL 33324				81 Name DARLENE NELSON-OLIPHANT	
				82 Street Address (P.O. Box Number is Not Acceptable) SUITE G-8	
				83 2071 S.W. 70TH AVE.	
				84 City DAVIE	
				85 Zip Code FL 33317	

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 D. Nelson-Oliphant DARLENE NELSON-OLIPHANT DATE 2/13/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D, P+T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLMSTEAD, RONALD	1.2 NAME	OLMSTEAD, RONALD
STREET ADDRESS	6331 S.W. 41ST STREET	1.3 STREET ADDRESS	6331 S.W. 41ST STREET
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	DAVIE, FL 33324
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D+5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	KELLIE OLMSTEAD
STREET ADDRESS		2.3 STREET ADDRESS	6331 S.W. 41ST STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DAVIE, FL 33324
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	1ST VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	STEVE L. LITTON
STREET ADDRESS		3.3 STREET ADDRESS	8067 N.W. 10TH STREET
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	2ND VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	GARY ALLEN LEE
STREET ADDRESS		4.3 STREET ADDRESS	9888 N.W. 54TH PLACE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JUAN S. ROZADA
STREET ADDRESS		5.3 STREET ADDRESS	5721 S.W. 40TH STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DOUGLAS M. STUBBS
STREET ADDRESS		6.3 STREET ADDRESS	1507 N.W. 29TH AVENUE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33311

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 address.

SIGNATURE:

Ronald O. Olmstead

2/13/98 954 584-1471

CR2E034 (10/97)