SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Sep 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1	MENT # P9500("'S CONCRETE, INC.	0045936 (8)			# 1882/88/ HA 1881/ 88// ABIN 88// 88// 88// 88			
Principal Place of Business Mailing Address									
8476 HILMA	ROAD	8476 HILMA ROAD							
JACKSONVIL	JACKSONVILLE FL 322				DO NOT WRITE IN THIS SPACE				
1						3. Date Incorporated or Qualified		Date of Last I	Report
						06/08/1995		08/14/1996	
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			4, FEI Number			pplied For
21		26			59-3317103		N	ot Applicable	
Sulte, Apt.	Suite, Apl. #, etc.	pl. #, etc.			5. Certificate of Status Desired			Additional	
22 27 City & State City & State									equired
23	e e	City & State	ny & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes or has pa			
24	25	29	30	•		Personal Property Tax due June] No
	9. Name and Address of Curren	l Registered Agent				10. Name and Address of New Re	gistere	d Agent	
DA	MS, JOHN D			B1	Name				
6362 103 STREET JACKSONVILLE FL 32210			ļ	82	Street Add	lress (P.O. Box Number is Not Acceptab	ile)		
J 97	ONDOINFILLE I E 022 IU		ļ ī	B 3	 .				
			1	B4	City			65 Zip	Code
	1.0	1005-1500-51-11-0					<u> </u>		,
office or a agent. I a SIGNATURE						poration submits this statement for the pation's board of directors. I hereby acceptions the patient of the patient when reinstaling	of the a	ppointment as	s registered
12.	Signature, typed or printed name of registered agent and title if applicable (NOT OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFIC		ND DIRECTO	RS IN 12
TITLE	PO DELETE			1.1 TATLE				Change	Addition
NAME	CLARK, RANDY		1.2 NA	1.2 NAME					
STREET ADDRESS	8476 HILMA ROAD		1.3 STR	EET A	DORESS				
CITY-ST-ZIP	JACKSONVILLE FL 32244		1.4 CIT	Y-ST	- ZIP				
TITLE	TD DELETE		2 1 TITU	E.				L Change	Addition
NAME	SEDBARRY, CHARLES		22 NA						
STREET ADDRESS	8476 HILMA ROAD				DDRESS	•			
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32244	DELETE	2. 4 CIT	÷	- ZIP			Change	Addition
NAME			3.2 NA					Orientific	L ACOMON
STREET ADDRESS				-	DORESS				
CITY-ST-ZIP			3.4. CIT						
TITLE		☐ DELETE		4.1 TITLE			-	☐ Change	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS	<u> </u>		4.3 STR	EET A	DDRESS				
CITY-ST-ZIP			4.4 CIT	4.4 CITY-ST-ZIP					
TITLE	DELETE		5.1 T(T)	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAM	JΕ	Ì				
STREET ADDRESS					ODRESS				
CITY-S1-ZIP	Delete			5.4 CITY-ST-ZIP				0	
TITLE		☐ DELE1E	6.1 TITE					Change	Addition
NAME CORREST ADDRESSO			62 NAN		PPOLOC				
STREET ADDRESS			6.3 S1R	EE I A	DDRESS				

6.4 CITY-S1-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.