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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500056078 (5)

BB CONCRETE, INC.

29 W 19 ST	29 W 13 ST
Principal Place of Business	Mailing Addro

FILED May 01 1997 8:00am Secretary of State



29 W 13 ST APOPKA FL 32703		29 W 13 ST APOPKA FL 32703-6333					
					3. Date Incorporated or Qualified 07/17/1995	3a. Date of Last Repo 08/05/1996	rl
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applie	d For
26					59-3326595	Not Ap	oplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		
22	·	27			Fee Required		
City & State	e	City & State	Crty & State		6. Election Campaign Financing \$5,00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	[29]	30			Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Agent	
איס	ieal, maston		-	B1 Namo			
422	8 CENTRAL AVE		-	82 Street Add	fress (P.O. Box Number is Not Acceptabl	e)	
APC)PKA FL 32704					·	
				B3			
			}	B4 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Cod	
				ĺ		FL	
11. Pursuant office or ragent. La	to the provisions of Sections 607.05; egistered agent, or both, in the Stati m familiar with, and accept the oblig	02 and 607.1508, Florida St e of Florida. Such change w pations of, Section 607.0505	stutes, the ab as authorized , Florida Stati	ove-named cor by the corpora tes.	poration submits this statement for the pi tion's board of directors. I hereby accep	irpose of changing its re t the appointment as reg	gislered istered
SIGNATURE			····				
	Signature, typod or printed name of registered as			Agent signature reou	ized when (cinstating)	OATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD CONTO	L) Differe	1.1 1171	-		Cuange L	Addition
NAME	BELL, ERNEST		1.2 NA				
STREET ADDRESS	2 E HAMMON ST		1	EET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32703	Total Care		Y - \$1 - 7IP			1770
TITLE	TO CATHERDINE	∐ DETEJE	2.1 101	1		L Change	Addition
NAME	BELL, CATHERINE		2.2 NAI				
STREET ADDRESS	2 E HAMMON ST		2.3 STF	EET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32703			Y-S1-ZIP			
TITLE	VO	DELETE	3.1 Till	.F	·	Change	Addition
NAME	BRADFORD, MARVIN		3.2 NA	ΝE	,		
STREET ADDRESS	29 W 13 ST		3.3 STR	CET ADDRESS	;		
CITY-ST-ZIP	APOPKA FL 32703		34.01	Y-S1-ZIP			
TITLE	SD	☐ DELETE	4.1 HT	E		Change [Addition
NAME	BRADFORD, TONYA		4. 2 NA	Mê			
STREET ADDRESS	29 W 13 ST		4.3 \$TF	EE1 ADDRESS			
CITY-ST-ZIP	APOPKA FL 32703		4.4 CIT	Y - ST - 71P			
TITLE		DELETE	5 i 1m	.E		Change	Addition
NAME			5.2 NA	dE i		// //	11,
STREET ADDRESS			5.3 \$16	EET ADDRESS	V .	レルト	1///
CITY-ST-ZIP			5.4 00	Y-ST-ZIP		X11U	1141
TITLE		DELETE	6.1 717	.F		LA trylige L	Jadition
NAME	· ·		6.2 NAI	ME .	30000216	4843	
STREET ADDRESS			63 STF	FET ADDRESS	30000216 -05/05/970100	12020	
CITY-ST-ZIP				Y-SI-ZIP	***165.00		

14. I do hereby certify that the information supplied with this filling 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 eath; 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.

Consider the beautiful like the

U-2297 107-89-1182