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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057418

1. Corporation Name
EDGEWATER PAVERS & PRECAST, INC.

Principal Place of Business
7821 EDGEWATER DRIVE
LAKE CLARKE SHORES FL 33406

Mailing Address
7821 EDGEWATER DRIVE
LAKE CLARKE SHORES FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/25/1995

4. FEI Number
65-0595181

Applied For
Not Applicable

2. Principal Place of Business
21 835 BARNETT DR.

2a. Mailing Address
26 835 BARNETT DR.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 Suite, Apt. #, etc.
23 LAKE WORTH, FL.

27 Suite, Apt. #, etc.
28 LAKE WORTH, FL.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33461 25 U.S.A.

29 33461 30 U.S.A.

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHOOK, KRAIG
7821 EDGEWATER DRIVE
LAKE CLARKE SHORES FL 33406

81 Name KRAIG Shook
82 Street Address (P.O. Box Number is Not Acceptable)
454 S. COUNTRY CLUB DR.

83
84 City ATLANTIS FL 85 Zip Code 33462

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 *Kraig Shook*

(NOTE: Registered Agent signature required when reinstating)

4/19/99

12. OFFICERS AND DIRECTORS DELETE

TITLE D
NAME SHOOK, KRAIG
STREET ADDRESS 7821 EDGEWATER DRIVE
CITY-ST-ZIP LAKE CLARKE SHORES FL 33406

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 454 S. COUNTRY CLUB DR.
1.4 CITY-ST-ZIP ATLANTIS, FL. 33462

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE *Kraig Shook*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99
Date Daytime Phone #

CR2E034 (1/98)