Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90088 027 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000059572

1. Corporation Name

UNIQUE CONCRETE, INC.

Principal Flace of Business		Mailing Address				i				
P. O. BOX 2461		P. O. BOX 2461				1				
TARPON SPRINGS FL 34688 US		TARPON SPRINGS FL 34688				DO NOT WRITE IN THIS SPACE				
		U\$	US				3. Date Incorporated or Qualifed			
					-	08/01/1995			}	
2. Principal Place of Busine	2a. Mailing Address	a. Mailing Address				4. FEI Number		Ap	ofied For	
21	26				59-3338208		No	Applicable		
Suite, A.pt. #, etc.	Suite, Apt. #, etc.						<u>×</u>	\$8.75	dditional	
22	27				}	5. Certificate of Status Desired		Fee Re	panired	
City & State	City & State				6. Election Campaign Financing		\$5.00	May Be		
23		28				Trust Fund Contribution		Added 1	to Fees	
Zip	Country	Zip	Cou	ntry			8. This exporation owes the curr	ent year Inta		-
242		_ 	30				Personal Property Tax.		Yes	<u> </u>
9. Name a	nd Address of Curren	Registered Agent					10. Name and Address of New I	Registered /	Agent	
MOCENI DIOLIA	DD 1			81	Name					
JOSEPH, RICHAI	. ADBAGGC	ŀ	82	Street	t A Idress	(P.O. Bo.: Number is Not Accept	able)			
TARRON CROINC	N-CANE NEL	O ADBKES -								
-HAMPUN SIMING	N LANE NEI 10 FL 34009	260W		83						
		\checkmark		84	City			FL	85 Zip	Code
		Land 607 1509 Elorida Statut	on the al		named	d corpora	tion submits this statement for the	numose of	changing its	registered
office or registered ager	ns of Sections 607.050. nt, or both, in the State o	of Florida. Such change was a	uthorized	by)	the corpo	por ition's	board of -firectors. I hereby acce	pt the appoir	ntment as re	çistered
			da Statu	njes.	-(/		Lugar !	11	staa	
SIGNATURE Signature, typed or	ed L. Vo:	1EPH		Anen	L signatura r	ren illett wh	en reinstalling)	DATE -	¥99_	}
Signature, typed or	OFFICERS ANI		13.	-yeii			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	ORS IN 12
TITLE P	OF FIGURE	DELETE	1.1 TIT	LE.		£ 300	RETARY TRANSURA WIE F. HADTI NEW ENGLAND	K	☐ Change	Addition
	RICHARD L.		1.2 NA			LAU	RIE F. HADTI	<i>≤</i> ``	_	
4004-000	PODOMELANE /	6/ NOW ENGLAN	1207		ADDRESS	161	New ERG-LAR.	D AVE		
CITY-ST-ZIP	PRINCE EL 24000	VE PALM HANRY	2 14 CF		-71P	1716	AR HAMBOL, F	Z 37	1624	
TITLE NOW	ANDONES E	VE PRIM HARRI	2 1 TIT			Ť			☐ Change	Addition
NAME // //	W ENGLAN	n Dur	2.2 NA	ME	l	1				
		_	2.3 STREET ADDRESS		3				i	
PALK	HARBOR	FL34684	2. 4 CI							
CITY-ST-ZIP / / / Y		☐ DELETE	3.1 717			+			Change	Addition
NAME			3,2 NA)
STREET ADDRESS			_		ADDRESS	s				
			3.4. CI							
CITY-ST-ZIP TITLE		☐ DELETE	4.1 T(1			T			☐ Change	Addition
NAME			4. 2 N	AME						
STREET ADDRESS					ADDRESS	s				
			4.4 CIT							
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TI			+			Change	Addition
NAME			5.2 NA							
STREET ADDRESS			53 ST	REET	ADDRESS	s				
			5.4 CI							
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TI			 			☐ Change	Addition
NAME			6.2 NA	ME					·	
STREET ADDRESS			6.3 ST	REET	ADDRESS	s				
OTTLL I MUUNE JU			-			1				

14. Thereby 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 corpora ion 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 appears with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP