

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90035 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000060304

1. Corporation Name

QWICK KURB, INC.



Principal Place of Business 2818 PARKWAY STREET WARING INDUSTRIAL PARK LAKELAND FL 33811-1390	Mailing Address 2818 PARKWAY STREET WARING INDUSTRIAL PARK LAKELAND FL 33811-1390
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date incorporated or Qualified 08/04/1995	4. FEI Number 59-3340636 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No					

9. Name and Address of Current Registered Agent SCHINDLER, ROBERT J 2818 PARKWAY STREET WARING INDUSTRIAL PARK LAKELAND FL 33811-1390				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.05(2) 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

Signature, typed or printed name of registered agent and title if applicable

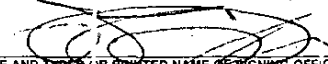
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	SCHINDLER, ROBERT J			1.2 NAME			
STREET ADDRESS	2818 PARKWAY STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			1.4 CITY-ST-ZIP			
TITLE	DSC	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	SCHINDLER, HILDEGARD M			2.2 NAME			
STREET ADDRESS	2818 PARKWAY STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			2.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	HUBBARD, CONNIE L.			3.2 NAME			
STREET ADDRESS	1524 HALLAM COURT NORTH			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 empowers.

SIGNATURE:

 **Robert J. Schindler** 3/31/99 (941) 648-5380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)