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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500064097 (5)

ROCK HARD CONCRETE, INC.

Principal	Place	of E	Business	

Mailing Address

FILED Apr 01 1997 8:00am Secretary of State



2248 ARLINGTON PLACE CLEARWATER FL 34625		2248 ARLINGTON PLACE CLEARWATER FL 34625-2207						
					3. Date Incorporated or Qualified 08/17/1995	3a. Date of 1 05/01/19		port
	Place of Business	2a. Mailing Address			4. FEI Number		Apr	olied For
21		26			59-3334203			Applicable
Suite, Apt	·	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 A	dditional Julred
Oity & Sta	te	City & State			Election Campaign Financing Trust Fund Contribution		5.00 h	
Ζιρ 24	Country 25	Zip 29	Countr 30	у		Yes 📈 No		199.032,
	 Name and Address of Curr 	ent Registered Agent		······································	10. Name and Address of New Re	gistered Agent		
	VIS, DIANE W		81	Name				
	8 ARLINGTON PLACE EARWATER FL 34625		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
			į š:	3				
			84	City		FL 85	Zip C	ode
office or agent 1 a	am fam har with, and accept the ob	ligations of, Section 607.0505, F	lorida Statute	98.	ation's board of directors. I hereby accept		ant as r	egistered
	Signature, typical or printed name of registered			ent signature requ	uired when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE		Addition
NAME	DAVIS, DIANE W	End bester	1.2 NAME			<u></u>	range.	Filed Side
STREET ADDRESS	2248 ARLINGTON PLACE			T ADORESS				
CITY-ST-ZIP	CLEARWATER FL 34625		1.4 CITY-	ì				
TITLE	D	DELETE	2.1 TITL€			C	hange	Additio
NAME	DAVIS, MARK S		2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CHY-S1-7/P	CLEARWATER FL 34825		2.4 CITY	- ST- ZIP			 	
THLE		DELETE	. 31 TITLE				hange	Additio
NAME			32 NAME					
STREET ADDRESS			1	T ADDRESS				
DITY-ST-ZP	118	DELETE	3.4. CITY 4.1 TITLE	·····		□ c	hange	Additio
NAME			4. 2 NAM				•	
STREET ADDRESS				T ADDRESS				
CITY-SI-ZIF			4.4 CITY	1				
T TLE		DELETE	5.1 TITLE			□ c	hange	☐ Additio
NAME			52 NAME					
STREET ADDRESS			5.3 STRE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-					-
TiTLE		☐ DELETE	6.1 TITLE				nange	Additio
NAME			6.2 NAME					
STHEET ADDRESS			1	T ADDRESS				
D/TY+ST-ZIP			6.4 CITY	ST-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), Fiorida 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.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-796-4404 Daytime Phone *