PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600003381

Corporation Name

ACCURATE CONCRETE COMPANY

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90096 045 ***150.00



			_			() () () () ()	EL JOHN (161 JOH
Principal Place	e of Business	Mailing Address			. 15511551 11- 14112 5111 5511 2511 5511	20.00 1119	
846 GENEVA DR 846 GENEVA DR					}		
OVIEDO FL 32765 OVIEDO FL 32765					DO NOT WRITE IN THIS SPACE		
		× · ·			3. Date Incorporated or Qualifed		
Ou	10do , F/,				01/08/1996		
Prios pal Place of Business 2a. Mailing Address				`	4. FEI Number	<u> </u>	Applied For
21 6946	GENERAL K	26 096 GENE	UA A	<u> </u>	59-3342412		lot Applicable
Suite, Apt.	#, etc. Fols F/	Suite, Apt. #, etc.	FI		5. Certifcate of Status Desired		Additional Required
City & State	e	City & State		. / /-	6. Election Campaign Financing		May Be
	765 Semilile		<u>هم لي</u>	ridule	Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	'	8. This corporation owes the current year		□No
24		25 29 30		Total Tropolay 120			
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registere	a Ayent	
RARI	KLEY, ARTHUR		81	Name			
846 GENEVA DR				Street Addr	ess (P.O. Box Number is Not Acceptable)		
OVIE	EDO FL 32765		83				
			84		F	L '	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the abov	e-named corp	oration submits this statement for the purpose	of changing it	s registered
	egistered agent, or both, in the State im familiar with, and accept the obliga	of Elorida. Such change was a	authorized by	the comorail	on's board of directors. I hereby accept the app	ontment as r	egistered
ł	and accept the conge	- ,					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Age	nt signature require			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE			Change	e
NAME	BARKLEY, ARTHUR		1.2 NAME				
STREET ADDRESS	846 GENEVA AVE		1.3 STREE	TADDRESS			
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-5	ST- ZIP			
TITLE	DELETE 2.1		2.1 TITLE		سد د د د د د د	☐ Change	Addition
NAME			2.2 NAME	}			
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	e Addition
NAME			3.2 NAME				
STREET ADDRESS	'		3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			_
TITLE		☐ DELETE	4.1 TITLE			☐ Change	e Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZiP			
TITLE		☐ DELETE	5.1 TITLE			Change	e
NAME			5.2 NAME				
STREET ADDRESS			: 5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-1				
TITLE		☐ DELETE	6.1 TITLE			Change	e Addition
NAME			6.2 NAME			•	
				T ADDRESS			
STREET ADDRESS			6.4 CITY-				
1 1117-91-710	1		■ VA On 1"				

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 of supplemental finual 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 contraction 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 changes, of on an adachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-14-99 Date 619-0812 Daytime Phone #