

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 03, 1999 8:00 am
Secretary of State

09-03-1999 90003 021 ***150.00

DOCUMENT # **096000003989**

1. Corporation Name

ALAN SOARES CONCRETE PUMPING INC

Principal Place of Business

Mailing Address

**2355 HERITAGE TRAIL
NAPLES, FL 34102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1-10-96

2. Principal Place of Business

2a. Mailing Address

21 **2355 HERITAGE TRAIL**

26 **Same**

4. FEI Number

65-0736902

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **-**

27 **-**

City & State

City & State

23 **NAPLES, FL**

28 **-**

Zip

Country

Zip

Country

24 **34102**

25 **Collier**

29 **-**

30 **-**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

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

**A.J. LOFENDO
295 BARRIA PT
NAPLES, FL 34105**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 **A.J. Lofendo**

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

(NOTE: Registered Agent signature required when reinstating)

8-23-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT** ☐ DELETE

NAME **ALAN J. SOARES**

STREET ADDRESS **1776 4TH ST S.**

CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **SECRETARY** ☐ DELETE

NAME **LYNETTE G. SOARES**

STREET ADDRESS **1776 4TH ST S.**

CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: **Alan J. Soares**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-99

Date

941-732-9671

Daytime Phone #

CR2E034 (11/98)

P9600000 3989
612350-90003-21

ALAN SOARES CONCRETE PUMPING, INC.
2355 HERITAGE TRAIL
NAPLES, FL 34112
PH. 941-732-9671 FAX 941-793-8431

August 23, 1999

Annual Reports Filings
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Sir or Madam

Please find enclosed our 1999 annual report. We never received the original so it was not filed on time. This may have been due to the fact that our address and FIN has changed. We are currently listed on your database as FIN 65-0554229. Our correct FIN is 65-0736902 and our correct address is 2355 Heritage Trail, Naples, Florida 34112. I have enclosed the original registration fee per your office in hopes that this will clear up this matter.

Sincerely



Alan J. Soares