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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State **FILED**

Jun 18 1997 8:00am

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600006605 (5)

ECONOCRETE, INC.

14. I do hereby certify that the information supplication indicated on this annual report of I am an officer or director of the corporation of appears in Block 12 or Block 13 if change of the corporation of the corporation of appears in Block 12 or Block 13 if change of the corporation of the corp

	•					
Principal Piac	e of Business		Mailing Address			il 2011 90110 Bills Bills 90101 0101 1891
349-A-CHARIOT DELTONA-FL			349-A DIAMOND STREET DELTONA FL 32725-6303	, 		
					3. Date Incorporated or Qualified 01/18/1996	3a. Date of Last Report
	Place of Business	71111 7 V X L	a. Mailing Address		4. FEI Number	Applied For
21 306	3 Enterprion	RS 26		5833	59-3360653	Not Applicable
22	<u> </u>	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	L	_ 28	City & State Hon	a 12C	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 -	317/3 Country	rlusia 29	37728	30 /0/u5 10		Yes No
9, Name and Address of Current Registered Agent 10. Nat					10. Name and Address of New Re	gistered Agent
COSTELLO, JOHN F.						
COSTELLO, JOHN F 349 A DIAMOND STREET 306 Ruchelle Ave. B2 Street Aridings DELIGINA FL. 30725 # 473					ddress (P.O. Box Number is Not Acceptate 1043 ENTERPRISE RO	10 UNIT32
DE	IONA-FL-00725	# 953	· ~/	83	uad enterprise ro	D 041732
		Jantord	, FC 38771			
	Eco	onocrete	•	84 City	EDAN	FL 85 多元3
11. Pursuant	to the provisions of Sections	ns 607.0502 and	607.1508, Florida Statute	es, the above-named c	orporation symmits this statement for the poration's board of directors. I hereby acceptation's	urpose of changing its registered
agent la	am familiar with, and	the of the still he	n. Section 607.0505, Flo	ida Stribas.	pration's board of directors. Thereby accep	of the appointment as registered
SIGNATURE	Signature, typed or printed wire	- 467	Men 1	سلطا		
12.	Signature, typed or printed to ic	fregistered agent and t FICERS AND DIR		: Registered Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PERS AND DIRECTORS IN 12
TITLE	Acertagent?	· ·	DELETE	1.1 TITLE	John F Cookello Ave	Change Addition
NAME -	John French	110		1.2 NAME	John F Cookello	
STREET ADDRESS				13 STREET ADDRESS	304 Rackelle AVE	# 43.3
CITY-ST-ZIP	1			1.4 CITY - ST - ZIP	Sanford, PL 32	7 71
TITLE			□ DELETE	2.1 TITLE		Change Addition
NAME				2.2 NAME		
STREET ADDRESS	}			2.3 STREET ADDRESS		
CITY-ST-ZIP				2. 4 CITY-S1-ZIP		
TITLE			☐ DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME		ĺ
STREET ADORESS	l			3.3 STREET ADDRESS		
CITY-ST-ZIP			D 86 575	3.4. CITY - S1 - ZIP		
TITLE			☐ DECETE	4.1 TITLE		L Change Addition
NAME				4. 2 NAME		Į.
STREET ADDRESS				4 3 STREET ADDRESS		
CITY-ST-ZIP			Doctor	4.4 CITY-ST-ZIP		Change
TITLE			☐ DELETE	5.1 TITLE		Change Addition
NAME -				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			☐ DELETE	5.4 CHY- ST-ZIP		Change Addition
			□ DETER	6.1 TITLE		Change CT Applicati
NAME CTOSES ADDRESS				6.2 NAME		
STREET ADDRESS			•	6.3 STREET ADDRESS		

s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name