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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000006605**

1. Corporation Name

ECONOCRETE, INC.

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Principal Place	of Business	Mailing Address		1 (001/001 110 (\$1/10 B1/11 00)))	ii 22ii 2 2iii 6 6iiii 20ibi 2iii i20i
3063 ENTERPRIS	SE RD.	P.O. BOX 5833			
UNIT 32		DELTONA FL 32728		DO NOT WRITE IN TH	IS SPACE
DEBARY FL 3271 US	13	US		3. Date Incorporated or Qualifed	-
US				01/18/1996	
2 Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	Deer Run Ct.	26 P.O. BOX	147	59-3360653	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.			\$8.75 Additional
22	en e	27		5. Certificate of Status Desired	- Fee Required
City & State	3 11 1 01	City & State	0.	6. Election Campaign Financing	\$5.00 May Be
23 Lak	se Helen +1	28 LAKE Hele	2n.¥1	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
243 2 75	1H 25 US	29 32 144 3	<u>us</u>	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
0007	TELLO JOUNE		81 Name	Costello John	-
	TELLO, JOHN F		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	ENTERPRISE RD.,			100 Deer Kun C	
UNIT	32 ARY FL 32713		83		
DEBA	ART FL 32/13	- %	84 City	-	85 Zip Code
			 L	ake Helen, F	L 32744
	- AL CO CO 7 OED				
office or re	egistered agent, or both, in the State	of Florida. Such change was auth	iorized by the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	pointment as registered
office or re agent. I an	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations of the colling of t	of Florida. Such change was auth	iorized by the corpor	ation's board of directors. I hereby accept the app	pointment as registered
office or re agent. I an	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agen	of Florida. Such change was autitions of, Section 607.0505, Florid on and title if applicable. (NOTE: Re	nonzed by the corpor a Statutes. agistered Agent signature rec	ation's board of directors. I hereby accept the application is board of directors.	Diffillient as registered
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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 empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

WUIRED

☐ DELETE

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90004 022 ***150.00

Change

☐ Addition