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

PROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 06 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

ł .	MENT # P9600 ONCRETE, INC.	00011500 (1)			10: 8:4: 10:1: 8:1: 14:1
Principal Place	e of Business	Mailing Address		I ADDAYSAN AYD IDAID BAAH DOAA TOAAN BOAH DOAA AUGU AI	BBI BINIT BENIT BBIS 1869
4555 8OUTH ST 4555 SOUTH ST					
TITUSVILLE FL 32780 TITUSVILLE FL 32780					
US		US		DO NOT WRITE IN THIS SP.	ACE
				3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a, Mailing Address		02/01/1996 4. FEI Number	Applied For
21	COO OF BOSHICKS	26		59-3379111	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the current	
24	25 25 Name and Address of Curr	rent Posistered Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Registered Ag	Yes ∐ No
		ent negistored Agent	81 Name	1/21	
AREA AGUITU ATGETT			<u> </u>		
4555 SOUTH STREET TITUSVILLE FL 32780			82 Street	Address (P.O. Box Number is Not Acceptable)	
1167	DOTALL IL GEIOV		83	113 1 sept miles 15th	<b>-</b>
			B4 City -		RE Zio Codo
				- <b>\</b>	85 30 COOR OLO
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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	1/ hivrille	4. Thech	1: Chelle F	1. Nelsen 4-21	-98
		· · · · · · · · · · · · · · · · · · ·	1E: Registered Agent signature		UDEOTODO IN 40
12.	D	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition
NAME	NELSEN, BRUCE D	44,0,000	1.2 NAME	Kilsen Michelle	
STREET ADDRESS	4175 FOX LAKE ROAD		1.3 STREET ADDRESS	ILIZE COVIAVE PA	
CITY-ST-ZIP	TITUSVILLE FL 32798		1.4 CITY - ST - ZIP	4175 Fox Lake Rd	)(o
TITLE	VP	DELETE	2.1 TITLE	S	Change Addition
NAME	BASS, JEFFERY	·	2.2 NAME	Anthony Ledford.	
STREET ADDRESS	4355 SOUTH ST		2.3 STREET ADDRESS	3448 Tornbull Rd.	
CHY-ST-ZIP	TITUSVILLE FL		2. 4 CITY-ST-ZIP	MHS, FL 32754	
TITLE	Ţ	DELETE	3.1 TITLE	Y. K	Change Addition
NAME	THOMAS, RUDOLPH		3.2 NAME	Griffin, Beverly	
STREET ADDRESS	4555 SOUTH ST		3.3 STREET ADDRESS	bayl Gayle Dr.	ļ
CITY+ST-ZIP	TITUSVILLE FL	Driese	3.4. CITY - ST - ZIP	Cocoa, FL 32927	Change Addition
TITLE		☐ DELETE	4.1 TITLE	<u></u>	Change Addition
NAME OTREET ADORESES			4. 2 NAME		
STREET ADORESS	1		4.3 STREET ADDRESS :		ļ
CITY-ST-ZIP TITLE		DELETE	51 THILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		İ
CITY-ST-ZIP			5.4 CITY - ST - ZIP		Ì
TITLE		DELETE	6.1 TITLE	L	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		ì
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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.