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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013289 (9)

STANKUNAS CONCRETE PUMPING, INC.

Principal Place of Business

Mailing Address

2425 NE 19TH DRIVE GAINESVILLE FL 32609 POST OFFICE BOX 9051

PANAMA CITY BEACH FL 32417-9051

FILED May 14 1998 8:00am Secretary of State



CHIMESAILLE LE 95009			PANAMA CHT BERON FL 32417-9031					DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified 02/08/1996			
2. Principal Place of Business			26	28. Mailing Address				4. FEI Number		Applied For	
21			26				l,	59-3371320	00.7	Not Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc. 27 GAINESUILL, PL 37			2609	5. Certificate of Status Desired		5 Additional Required	
City & State			Ī.,	City & State				6. Election Campaign Financing	\$5.0	00 May Be	
23		·	28	الارين المسلمان المس	·			Trust Fund Contribution	Add	ed to Fees	
Ζίρ		Country		32609	Co	intry A	ACHUA	8. This corporation owes or has paid the	_ `	Intangible No	
24	0 Namo	and Address of Current	29 Regi		30	יות	TUYVA	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes		
et.				interior Agent		81	Name	10. Harris and read of the transfer			
Stankunas, Frank L 2850 Harrison Avenue apt. F Panama City Fl 32405							CO Charles Adultura (D.O. Day Murchay in Mat. Account (M.)				
							82 Street Address (P.O. Box Number is Not Acceptable)				
						83					
						84	City		85 Z	ip 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. Thereby accept the appointment as registered agent, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature type for protein pare of registered and their applicable (NOTE Registered Agent signature required when reinstating) DATE											
12.	Signature type i	OFFICERS AND			Hegistere	d Age	ent signature n	ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12	
TITLE	Б	OF FIGE 113 7 (NE)	17171	DELETE	1.1 7	TLF	····	ADDITIONS/CHANGES TO OFF ICERS A	Chan		
NAME	STANKI	JNAS, FRANK			1.2 N					_	
STREET ADDRESS		E 19TH DRIVE					ADDRESS				
CITY-ST-ZIP		VILLE FL 32609					ST-ZIP				
TITLE				☐ DELETE	2.1 7				Chan	ge 🔲 Addition	
NAME					2.2 N	AME					
STREET ADDRESS					2.3 S	TREET	ADDRESS			ŀ	
CITY-ST-ZIP					2.4 (ATY-S	S1-ZIP				
TITLE				DELETE	31T	ITLE			L Chan	ge 🔲 Addition	
NAME					3.2 N		1				
STREET ADDRESS							ADORESS				
CITY-ST-ZIP				DELETE			ST-ZIP		Chan	pe Addition	
TITLE				[_] DELETE	4.11				LI CHAIL	Se T Vanion	
NAME PARTY ADDRESS					4.21		ADDDCCC				
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP TITLE	<u>-</u>			DELETE	5.1 T		ST-ZIP		Chan	pe Addition	
NAME					5.2 N						
STREET ADDRESS					•		ADDRESS			İ	
CITY-ST-ZIP							ST-ZIP				
TITLE				DELETE	6.1 T		L''		☐ Chan	ge Addition	
NAME				. —	6.2 N						
STREET ADDRESS				•			ADORESS				
CITY-ST-ZIP							ST-ZIP				
14. I hereby o	certify that th	e information supplied wit	h this	s filing does not qualify	for the ex	emp	tion stated	Section 119.07(3)(i), Florida Statutes. I furthe	r certify that	the information	
Indicated on this annual report of 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 reference or misled 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 attraction with an address.											