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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPLIRTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000026958 1. Corporation Name

J & R CONCRETE FINISHING, INC.

Principal Place of Business 6001 ARTHUR BROWN RD MCDAVID FL 32568

Mailing Address

6001 ARTHUR BROWN RD MCDAVID FL 32568

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90152 043 ***150.00



DO NOT WRITE IN THIS SPACE

								3. Date Ir corporated or Qualifed						
									/ <u>1996</u>	_				
Principal Place of Business			2a. Mailing Address				T	4. FEI Number					<u> </u>	lied For
21			26					<u>59-33</u>	70224					Applicable Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired Secured Fee Recuired							
City & Sa	te		City & St	ate			- +	6. Electio	n Campaign F	inancing		<u>s</u> :	5.00	tay Be
23			28				ļ		und Contribut	_			dded to	
Zip	Countr	у	Zip		Country			8. This co	rporation owe	s the cur	rent year Inta	angible		,
24 25			29 30				Personal Property Tax.							
	9. Name and Add e	ess of Current	Registered Age	nt				10. Name	and Address	of New I	Registered .	Agent		
					81	Name	Э							
REDMOND, JERRY R					82	Street	t Address	(P O Boy	Number is No	nt Accent	able)			
6001 ARTHUR BROWN RD MCDAVID FL 32568					02	Street Address (P.O. Box Number is Not Acceptable)					aa.a,			
					83	1								
					\							los!	Zip C	
					84	City					FL	85	Zip C	ode
11. Pursuant	to the provisions of Sec	tions 607.0502	and 607.1508. F	lorida Statu es	the abov	e-named	d corpora	tion submi	ts this stateme	ent for the	purpose of	chang	ing its	egistered
office of t	registered agent, or both	. in the State o	if Florida. Such c	hange was a∗uth	norized by	the corp	poration's	board of	cirectors. I her	eby acce	pt the appoi	ntment	as reg	istered
agent. La	am familiar with, and aco	ept the obligati	ons or, Section 6	07.0505, Екола	a Statutes	•-								
SIGNATURE	Signature, typed or printed nar is	a of registered agent	and title if applicable	(NOTE R	egistered Ane	nt signature	e required wh	en reinstating)			DATE			
12.			DIRECTORS	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.				NS/CHANGE	S TO OF	FICERS //N	D DIR	ECTO	S IN 12
TITLE	P			DELETE	1.1 TITLE		T =					C	ange	Addition
NAME	REDMOND, JERRY	R			1.2 NAME									
STREET ADDRESS					B	T ADDRESS	si							
CITY-ST-ZIP	WALNUT HILL FL	Will the			1.4 CITY-S									
TITLE	VP			DELETE	2.1 TITLE		+						nange	Addition
NAME	REDMOND, LINDA				2.2 NAME									
STREET ADDRESS		W/N DO				TADDRESS	8							
CITY-ST-ZIP	WALNUT HILL FL	WIN RD.			2 4 CITY-									
TITLE	MALINOT THEE TE		1	DELETE	31 TITLE	31-21	 						nange	Addition
NAME			_		3.2 NAME									
STREET ADDRESS	,					T ADDRESS	s							
					3.4. CITY-		- [
CITY-ST-ZIP TITLE	 -			DELETE	4.1 TITLE	71 EUF	+-						nange	Addition
NAME			-	_ · · · -	4. 2 NAME								-	
	,					T ADDRESS	,							
STREET ADDRESS	'				4.3 STREE		<u> </u>							
CITY-ST-ZIP				DELETE	51 TITLE	1-217	+-						nange	Addition
			L	_ 024414	5.2 NAME		-							
NAME						T ADDRESS	s							
STREET ADDRESS	5				5.5 STREE		~							
CITY-ST-ZIP			- ———	T DELETE	6.1 TITLE		+					ПС	nanoe	☐ Addition
TITLE			Ĺ	7 ncreie	62 NAME		1					<u></u>	ange	المسامان ال
NAME						T ADDOCCO								
STREET ADORESS	6				ł	TADDRESS	0							
CITY-ST-ZIP	1				64 CITY-S	ιτ-ZiP								

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 indicate I 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 attachagent with an address, with all other like empowered.

SIGNATURE: