PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000027877

1. Corporation Name

SOUTHERN GUNITE & GROUTING, INC.

Principal Place of Business	Mailing Address				
7621 124TH AVE. #D LARGO FL 33773 US	P.O. BOX 10067 LARGO FL 33773 US				

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90101 048 ***150.00



Principal Place 7621 124TH AV									
LARGO FL 3377					DO NOT WRITE IN THIS	SPACE			
US					3. Date Incorporated or Qualifed				
					04/01/1996				
	lace of Business 2a. Mailing Address				4. FEI Number	→	plied For		
21 1235	505 Belcher Rd. 26 5am	<u>e</u>			59-3370705		t Applicable		
Suite, Apt.	#, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	.\$8.75 A Fee Red			
City & Stat	e City & State				6. Election Campaign Financing	\$5.00			
23 Lar	go, Morial 28				Trust Fund Contribution	Added to	o Fees		
Zip	Country	Count	ry		8. This corporation owes the current year Inta		□No		
24 337	$\frac{75}{25}$ $\frac{25}{0.5}$ $\frac{29}{3}$ $\frac{3}{3}$	0			Personal Property Tax. 10. Name and Address of New Registered A				
	9. Name and Address of Current Registered Agent	8	11 N	lame	10. Name and Address of New Registered	(Aeur			
TOU	ART, PHILLIP M	Ľ							
	6 GULL WAY	8	2 S	treet Addre	ss (P.O. Box Number is Not Acceptable)				
	ARWATER FL 34622	A	3						
		ľ							
		8	14 C	City	- FL	85 Zip C	Code		
agent. I a	egistered agent, or both, in the State of Florida. Such change was autim familiar with, and accept the obligations of Section 607.0505, Florid Signature, typed or printing name of registered agent and title if applicable.	la Statute	95.		J-10-	99			
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	P DELETE	1.1 TITLE	Ē		•	Change	Addition		
NAME	TOUART, PHILLIP M	1.2 NAME	E						
STREET ADDRESS	13926 GULL WAY	1.3 STRE	ET ADO	DRESS					
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-		2		Change	☐ Addition		
TITLE	☐ DELETE	2.1 TITLE				Change	☐ Addition		
NAME	22 N		2.2 NAME				ſ		
STREET ADDRESS		2.3 STRE		ļ.	·		{		
CITY-ST-ZIP	F" pri str	2.4 CITY		Р		☐ Change	Addition		
TITLE	DELETE	3.1 TITLE		}		∐ Glange			
NAME		3.2 NAM6				•			
STREET ADDRESS		3.3 STRE							
CITY-ST-ZIP	□ DELET€	3.4. CITY 4.1 TITLE		P		Change	Addition		
TITLE	I DELLIA								
NAME		4. 2 NAM 4.3 STRE		DDCCC					
STREET ADDRESS									
CITY-ST-ZIP TITLE	☐ DELETÉ	4.4 CITY- 5.1 TITLE		-		Change	☐ Addition		
NAME	Control of the Contro	5.2 NAMI			*		_		
		5.3 STRE		DRESS			1		
STREET ADDRESS		5.4 CITY-		1			Ì		
CITY-ST-ZIP	317-31-21		TITLE		A CONTRACTOR OF THE CONTRACTOR	Change	☐ Addition		
NAME		6.2 NAMI	E			•	Ì		
STREET ADDRESS		6.3 STRE	EET ADI	DRESS)		

6.4 CITY-ST-ZIP CITY-\$T-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 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 807, 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.