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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORRESPONDENCE

1997

DOCUMENT # P96000030017 (3)

QUALITY CONCRETE GENERAL CONTRACTOR, INC.

Principal Place of Business

Mailing Address

FILED 97 JUN 30 PM 3: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

230 BUSINESS ROYAL PALM B		230 BUSINESS PARKWAY ROYAL PALM BEACH FL 33411							
						3. Date Incorporated or Qualified 04/01/1996	3a. Date o	Last F	Report
_	Place of Business	2s. Mailing Address				4. FEI Number 65-7617			plied For
21 Culto Apt	# oto	26				65-063-1611			ot Applicable
Sulte, Apt.		Suite, Apt #, etc.				5. Certificate of Status Desired	5		Additional equired
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country	Zip Count			,	8. This corporation has liability for intangible tayunder s. 199.032, Florida Statutes			
1 27 1 -	9. Name and Address of Curren	<u> </u>				10. Name and Address of New Reg			
4 ROB	INS, ELLIS			81	Name				
230 BUSINESS PARKWAY				82	Street Add	dress (P.O. Box Number is Not Acceptab	<u> </u>		
ROYAL PALM BEACH FL 33411				02	DITCE! AG	diess (F.C. Dox Number is Nut / Noteplati			
4.5				83					
				84	City		FL 85	Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statu	ites, the al	bove	e-named co	rporation submits this statement for the p	urpose of cha	naina it	ts registered
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was	authorized	d by	the corpora	ation's board of directors. I hereby accep	t the appointn	nont as	registered
SIGNATURE	and decopy the oblige								ļ
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable (NO	Tf : Heg stered	d Age	nt signature rec	uized when renstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D	L DELETE	1 1 TP	TLE	ļ			Change	Addition
NAME	SAWYER, DOLORES		1.2 N/	AME					
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			1.4 C(1) Y - ST - Z(P				06	The desired
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NAME	f		2.2 NAME			-01/U//	/97Ull	33	1021
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STREET ADDRESS					ADDRESS				
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NAME			5.2 NA	IM F					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	İ		5.4 01	TY-S	1-2IP				
TITLE		☐ DELETE	6.1 7(1					Change	Addition
NAME			62 NA	ME			1	9	
STREET ADDRESS			6 3 ST	REET	ADDRESS)	
CITY-ST-ZIP				6.4 CITY - ST - ZIP				′	
	by certify that the information supplied	with this filing does not qual				ed in Section 119.07(3)(i). Florida Statutes	Liurihor cerl	ify that	the

I do nereby certify that the information supplied with first filing does not quality 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 eath; that I am an officer or director of the corporation or the receiver of Justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if Changed, or on an attachingent with an address.

SIGNATURE

CONTRACT OUT OF THE

4/29/97

2E034 (9/96)