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

Mailing Address

353 TERRACE DRIVE

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business 353 TERRACE DRIVE



FLORIDA DEPARIMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000030256 (7)

STRUCTURAL CONCRETE OF ORLANDO, INC.

Jun 04 1998 8:00am Secretary of State 

**FILED** 

OVIEDO FL 32765 OVIEDO FL 3				EDO FL 32765	32765			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
2.	Principal Place of Busin	ness	2a. M	2a. Mailing Address				04/08/1996 4. FEI Number Applied For			
21	<del>-</del>			[26]				70.00			Not Applicable
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	i. Certificate of Status Desired Security Securi		
23	City & State	28	City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Zip	Country 25	<b>29</b>	Zip Cou 29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
STINES, STEVEN E						81	Name				
, OMEDO FL 32765					82	Street Address (P.O. Box Number is Not Acceptable)					
					83			***************************************			
						84	City		FL	85	Zip 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 authorities 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

SIGNATURE (NOTF: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DEFELE TITLE 1.1 TITLE ☐ Change Addition COURTNEY, JAMES A NAME 1.2 NAME P.O. BOX 2016 STREET ADDRESS 1.3 STREET ADDRESS **OVIEDO FL 32765-F** CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition TITL F 2.1 THLE **S**TINES, STEVEN E NAME 2.2 NAME **353 TERRACE DRIVE** STREET ADDRESS 2.3 STREET ADDRESS **OVIEDO FL 32765** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS

14. Thereby 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 a statishment with an address