

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000035101**

Corporation Name **A W CONCRETE SERVICES, INC.**

Principal Place of Business

**1155 LAKE HARNEY RD  
GENEVA FL 32732**

Mailing Address

**P.O. BOX 1129  
GENEVA FL 32732  
US**

**FILED**  
**Sep 13, 1999 8:00 am**  
**Secretary of State**

09-13-1999 90001 025 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**549 County Road 310**

Suite, Apt. #, etc.

**PA**

City & State

**Palatka FL**

Zip

**32777**

Country

**Putnam**

2a. Mailing Address

**HC-1 Box 395**

Suite, Apt. #, etc.

**27**

City & State

**Palatka FL**

Zip

**32177**

Country

**Putnam**

3. Date Incorporated or Qualified

**04/19/1996**

4. FEI Number

**59-3378273**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WILCHAR, DAVID  
1155 LAKE HARNEY RD  
GENEVA FL 32732**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TS	<input type="checkbox"/> DELETE
WILCHAR, AMY	
1155 LAKE HARNEY RD	
GENEVA FL 32732	
DP	<input type="checkbox"/> DELETE
WILCHAR, DAVID	
1155 LAKE HARNEY RD	
GENEVA FL 32732	
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wilchar, Amy	
1.3 STREET ADDRESS	HC-1 Box 395	
1.4 CITY-ST-ZIP	Palatka FL 32177	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wilchar, David	
2.3 STREET ADDRESS	HC-1 Box 395	
2.4 CITY-ST-ZIP	Palatka FL 32177	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

9-1-99

(904) 759-6235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)