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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600079114

CONCRETE CLITTING SERVICE, INC.

	Marita Addition	
Principal Place of Business	Mailing Address	
4106 SOUTHSIDE BLVD	4106 SOUTHSIDE BLVD	
JACKSONVILLE FL 32246	JACKSONVILLE FL 32246	

FILED Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90043 013 ***158.75



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4106 SOUTHSIDE BLVD 4106 SOUTHSIDE BLVD									
JACKSONVILLE FL 32246 JACKSONVILLE FL 32246					DO NOT WRITE IN THIS SPACE				
					Date Incorporated or Qualifed	E IN THIS SP	ACE ,		ł
					09/23/1996				İ
2. Principal F	Principal Place of Business 2a. Mailing Address			4. FEI Number	•	X Apr	olied For		
21	1 26				59-3404969	17	Not	Applicable	1.
Suite, Apt	· · · · · · · · · · · · · · · · · · ·				5. Certifcate of Status Desired	Nati S	8.75 A		٠
22		27			5. Certificate of Otalias Desired	<u> </u>	Fee Required		
City & Sta	te	City & State			6. Election Campaign Financing		\$5.00		
Zip	Country	28 Zip	Countr		Trust Fund Contribution		Added to	Fees	ł
24	25		30	y	 This corporation owes the current Personal Property Tax. 	· <u> </u>		□No	(
24	9. Name and Address of Currer		100		10. Name and Address of New R				ł
			8-	Name		<u> </u>	· <u> </u>		ĺ
	inson, Keith H		82	Stroot Addr	ess (P.O. Box Number is Not Acceptal	hio)			ł
	O GOODBY'S EXEC. DRIVE STE	A	02	Street Addit	ess (F.O. Box Number is Not Acceptain				
JAC	KSONVILLE FL 32217		83	3		- '() : }	A Section	P. State	
			84	1 City			5 Zip C	ode	ł
						FL			
11. Pursuant	t to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes of Florida, Such change was aut	s, the above	e-named corporation	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of cha	nging its	registered sistered	
	am familiar with, and accept the obliga				200.2 0. 0	· are appointment		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	İ
SIGNATURE									
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	13.	ent signature required	ADDITIONS/CHANGES TO OFF	DATE	HPECTO	PS IN 12	1/98)
TITLE	P	DELETE 1.1 TI			ADDITIONS/CHARGES TO CIT		Change	Addition	+
NAME	WINTERS, MICHELLE M	•	1.2 NAME						4
STREET ADDRESS				4		_			
CITY-ST-ZIP	JACKSONVILLE FL			T ADDRESS	•				5
TITLE	DACKSONAILLE LE			ET ADDRESS	,				R2F034
	VP	☐ DELETE	1.3 STREE	ET ADDRESS	·		Change	Addition	CR2E03
NAME	<u> </u>	☐ DELETE	1.3 STREE	ET ADORESS ST- ZIP			Change	Addition	CR2E03
NAME STREET ADDRESS	VP WINTERS, RODNEY	☐ DELETE	1.3 STREE 1.4 CITY-3 2.1 TITLE 2.2 NAME	ET ADORESS ST- ZIP			Change	Addition	CR2E03
	VP WINTERS, RODNEY		1.3 STREE 1.4 CITY-3 2.1 TITLE 2.2 NAME	ET ADDRESS ET ADDRESS	•			☐ Addition	CR2E03
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CITY-ST-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 607, 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.