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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091629 (1)

TREASURE COAST CURBING & THERMOPLASTICS, INC.

Principal Place of Business Mailing Address					I INSTITUTE IN THE SELECT SELECT SELECT	##11# ##1#! (IMI# #III# II#I	A EDAL CORL
6309 S.E. LAKE CIRLCE DRIVE 6309 S.E. LAKE CI STUART FL 34997 STUART FL 34997-			DRIVE				
					3. Date Incorporated or Qualified 11/07/1996	3a. Date of Last F	Report
2. Priecipal Pr 21	iace of Business	2a. Mailing Address 26			4. FEI Number 65-070 6184	N	pplied For lot Applicable
Suite Apit #, etc 2		Suite, Apt. #, etc.		·-	5. Cortificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Ζιμ 24	Country Zip 25 29		Country 30		8. This corporation has liability for intargible tax under s. 199 032, Florida Statutes ☐ Yes ☐ No		
	9. Name and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	gistered Agent	
	ers, mary		81	Name			
) S.E. LAKE CIRLCE DRIVE ART FL 34997		62	Street Add	dress (P.O. Box Number is Not Acceptab	ile)	***************************************
- ·	***************************************		83				
			84	City		FL 85 Zip	Code
11. Pursuant i	to the provisions of Sections 607.0507	and 607.1508, Florida State	ules, the above	e-named cor	poration submits this statement for the p	urpose of changing	its registered
office or re	egistered agent, or both, in the State of	of Florida, Such change was tions of Section 607,0505, F	authorized by	the corpora	ation's board of directors. I hereby accep	at the appointment as	s registored
.,	an ione on much man assert a new see See	nons of the one recorder.	Official Graces	3.			
SIGNATURE	Signation, type. For printed name of right could age.	r s ef trie it applicable (NC		ant signature requ	ured when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
10"1.0	PD	☐ DELEYE	1.1 TITLE			☐ Change	☐ Addition
NAME	PETERS, MARY		1.2 NAME				
STREET 4000-155	6309 S.E. LAKE CIRLCE DRIVE		1.3 STREET	ADDRESS			
CHY-\$1-249	STUART FL 34997		14 Cily-S	I - ZIP			
10.5	TD LI DELETE		2.1 TITLE			[] Change	Addition
te/ b/f	BAILEY, ERIC		2.2 NAME				
STREET ADDRESS	6309 S.E. LAKE CIRLCE DRIVE		23 STREET	ADDRESS			
01" S1-7#1	STUART FL 34997		2 4 CITY+5	31-7IP			
1111	VD	L. J DELETE	3.1 TITLE			Change	Addition
NAMi	QUIRION, TONYA		3.2 NAME				
\$15-ELADORESS	2085 SW LIBRA LANE		3 3 STREFT	ADDRESS			
City-St zil	PORT ST LUCIE FL 34984	The ext	3.4. CITY - 5	S1-ZIP			1 1 4 4 4 5
THE	SD OURD	L DELETE	4.1 TITLE			L Change	Addition
NAMI	QUIRION, OVID		4 2 NAME	-			
STREET ADJECTS	2085 SW LIBRA LANE		4.3 STREET	1			
C-In - S1 - ZiP	PORT ST LUCIE FL 34984	- Delega	4.4 CITY-S	iI - ZIP			
THE	I	DELETE	5 1 TH LE			Change	Addition
KAV-	I		5.2 NAME				
STREET ADDITION	•		5.3 STREET	Į.			
City-St 28	,	STORTE	5.4 CITY - S	J-ZIP		Chross	1 Addition
10.1		☐ DELETE	6.1 TITLE			Change	L. Addition
NAME			6.2 NAME				
STREET ADDRESS	I		63 STREET	ADORESS			
Colv-SI-7			84 CITY-S		THE STATE OF THE S		
					ed in Section 119.07(3)(i), Florida Statute: at my signature shall have the same lega		
Lam an of	flicer or director of the corporation or	the receiver or trustee empo	wered to exec	ute this repo	ort as required by Chapter 607, Florida S	tatutes; and that my	name