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PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # **P96000095445 (8)**

1. Corporation Name:

FORM-RITE CONCRETE, INC.

Principal Place of Business

10672 PARLIAMENT PLACE
JACKSONVILLE FL 32257

Mailing Address

10672 PARLIAMENT PLACE
JACKSONVILLE FL 32257-3711

3. Date Incorporated or Qualified	3a. Date of Last Report
11/18/1996	

4. FEI Number	Applied For
59-3408898	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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26

Suite, Apt #, etc.	Suite, Apt. #, etc.
22	27

City & State	City & State
23	28

Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

WENDELL, DONNA J
10672 PARLIAMENT PLACE
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: Donna J. Wendell
82 Street Address (P.O. Box Number is Not Acceptable): 10672 Parliament Place
83 City: Jacksonville, Fl. 32257
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 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: Donna J. Wendell President 4/28/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: President ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME: Donna Wendell		1.2 NAME	
STREET ADDRESS: 10672 Parliament Place		1.3 STREET ADDRESS	
CITY-ST-ZIP: Jacksonville, Fl. 32257		1.4 CITY-ST-ZIP	
TITLE: ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME:		2.2 NAME	
STREET ADDRESS:		2.3 STREET ADDRESS	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP	
TITLE: ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE: ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE: ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE: ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: Donna J. Wendell President 4/28/97 904-260-9477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #