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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

P96000095558 (8) DOCUMENT #

HAGAN'S CONCRETE & MASONRY, INC.

**FILED** Apr 01 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		r caniman sen statt detti detti detti detti detti detti detti ditat ditat ditat ditat ditat detti setti setti	
2000 OLD TYME AVE ST AUGUSTINE FL 32084		2000 OLD TYME AVE ST AUGUSTINE FL 32084		Į.	
				DO NOT WRITE IN THIS SPACE	
}				3. Date incorporated or Qualified	113 SPACE
				11/15/1996	
<del></del>	Place of Business	2a. Mailing Addres	5	4, FEI Number	Applied For
21 Suite, Apt. #, etc		26   Suite, Apt. #, etc.		59-34 15433	Not Applicable
22	. w, etc	27 Suite, Apr. #, et	C.	6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		- Floring Consoling Figure	<del></del>
23		28		B. Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Žip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Register	ed Agent
	ILL, CHARLES E JR		81 Name	HAPLES EN MA	11. Toc
	-B ORANGE ST		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	- WC
ST	AUGUSTINE FL 32084		<u> </u>	OLD MITSSION	610
			83		
			84 City		85 Zio Code
			1 37:	AlloustINS F	-
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida	Statutes, the above-named co	prporation submits this statement for the purpose ation's board of directors. I hereby accept the re-	e of changing its registered
agent علر	in lamiliar the and accept the ob-	ligations of Section 607.05	05, Florida Statutes.	allor's board or directors. I hereby accept the i	appointment as registered
SIGNATURE	Manz KP	in a			2/1/2
	Signature, typed or punted name of registered a		(NOYE - Registered Agent signature re-		
12. TITLE	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
NAME	HAGAN, MARK C	☐ DELE			☐ Change ☐ Addition
	2000 OLD TYME AVE		1.2 NAME		
STREET ADDRESS	ST AUGUSTINE FL 32084		1.3 STREET ADDRESS		
CATY+ST-2W TATLE	VSD	DELET	1.4 CITY-ST-ZIP		Change Address
NAME	HAGAN, SHERRY F	L. DECO	E 2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	2000 OLD TYME AVE				
CITY-ST-ZIP	ST AUGUSTINE FL 32084		2.3 STREET ADDRESS		
TITLE		☐ DELET	2. 4 CITY - ST - ZIP E 3.1 TITLE		Change Addition
NAME		Ditt.	3.3 TITLE 3.2 NAME		L Griange L Madridon
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELET			Change Addition
NAME			4.2 NAME		C cuange C 20001011
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TOLE		☐ DELE1			☐ Change ☐ Addition
NAME		_ <del>-</del>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City-St-Zip			5.4 CITY - ST - ZIP		
TITLE		DELET			Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
V., 1 V. 2.1			0.4 GRT-31-ZIF		

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 empsyered 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 attriction with an applicas.

SIGNATURE:

3/24/98