. PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000095558

1. Corporation Name

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90071 049 ***150.00

HAGAN'S	s concrete & Masonry	, INC.					
Principal Place	e of Business	Mailing Address			1 (861/48) (19 16)(8 6)(1) 86(1) 86(1) 86(1) 96(1) 90(1)	.a.u. 81[8] 6[]6	1811 881
2000 OLD TYME AVE 2000 OLD TYME AVE							
ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084				DO NOT WRITE IN THIS	SDACE		
					3. Date Incorporated or Qualifed	UF AUE	
	· .				11/15/1996		
	lace of Business	2a. Mailing Address			4. FEI Number	_	oplied For
21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26		·	59-3415433		ot Applicable Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		equired
City & State	•	City & State		vr-	6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	,	a. This corporation owes the current year Int.		
24	25	29 30			Personal Property Tax.	☐Yes	4 00
	9. Name and Address of Curren				10. Name and Address of New Registered	Agent	
	OLIABLED E ID		81	Name			
	_, CHARLES E JR DLD MISSION AVE		82	Street Add	dress (P.O. Box Number is Not Acceptable)	···	
ST A	AUGUSTINE FL 32084		83			. ,	1 1
			84	City	FI	85 Zip	Code
.11 Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes,	, the above	e-named cor	rporation submits this statement for the purpose of	changing its	s registered
11. Pursuant office or r agent. I a					rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	ntment as re	registered egistered
SIGNATURE	Signature, proof or printed name of registered age	N and title If applicable. (NOTE: Re	egistered Ager		ired when reinstating) DATE	1/35	
SIGNATURE	Signature, typed or printed name of renistered ager OFFICERS AN					1/35	
SIGNATURE 12. TITLE	Signature, bear or printed name of registered age OFFICERS AN	Nand Well approass. (NOTE: Re	egistered Ager		ired when reinstating) DATE	ID DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, beoord printed name of registered ages OFFICERS AN PTD HAGAN, MARK C	Nand Well approass. (NOTE: Re	13. 1.1 TITLE 1.2 NAME		ired when reinstating) DATE	ID DIRECTO	ORS IN 12
SIGNATURE 12. ITTLE NAME STREET ADDRESS	Signature, beoof printed name of registered ages OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE	Nand Well approass. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	nt signature requi	ired when reinstating) DATE	ID DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, beoord printed name of registered ages OFFICERS AN PTD HAGAN, MARK C	Nand Well approass. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requi	ired when reinstating) DATE	ID DIRECTO	ORS IN 12
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE ST AUGUSTINE FL 32084	Nand tife ff appaicable. (NOTE: Re ID DIRECTORS ☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requi	ired when reinstating) DATE	ID DIRECTO	ORS IN 12
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, prover printed name of registered age OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE ST AUGUSTINE FL 32084 VSD	Nand tife ff appaicable. (NOTE: Re ID DIRECTORS ☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature requi	ired when reinstating) DATE	ID DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, prover printed name of registered age OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE ST AUGUSTINE FL 32084 VSD HAGAN, SHERRY F	Nand tife ff appaicable. (NOTE: Re ID DIRECTORS ☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS	ired when reinstating) DATE	ID DIRECTO	DRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, prover printed name of registered age OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE ST AUGUSTINE FL 32084 VSD HAGAN, SHERRY F 2000 OLD TYME AVE	Nand tife ff appaicable. (NOTE: Re ID DIRECTORS ☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	T ADDRESS	ired when reinstating) DATE	ID DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, prover printed name of registered age OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE ST AUGUSTINE FL 32084 VSD HAGAN, SHERRY F 2000 OLD TYME AVE	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	T ADDRESS	ired when reinstating) DATE	ID DIRECTO	DRS IN 12 Addition
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, prover printed name of registered age OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE ST AUGUSTINE FL 32084 VSD HAGAN, SHERRY F 2000 OLD TYME AVE	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS	ired when reinstating) DATE	ID DIRECTO	DRS IN 12 Addition
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, prover printed name of registered age OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE ST AUGUSTINE FL 32084 VSD HAGAN, SHERRY F 2000 OLD TYME AVE	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	ired when reinstating) DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, prover printed name of registered age OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE ST AUGUSTINE FL 32084 VSD HAGAN, SHERRY F 2000 OLD TYME AVE	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ired when reinstating) DATE	ID DIRECTO	DRS IN 12 Addition
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, prover printed name of registered age OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE ST AUGUSTINE FL 32084 VSD HAGAN, SHERRY F 2000 OLD TYME AVE	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP	ired when reinstating) DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Signature, prover printed name of registered age OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE ST AUGUSTINE FL 32084 VSD HAGAN, SHERRY F 2000 OLD TYME AVE	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 NAME 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS	ired when reinstating) DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, prover printed name of registered age OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE ST AUGUSTINE FL 32084 VSD HAGAN, SHERRY F 2000 OLD TYME AVE	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS	ired when reinstating) DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	Signature, prover printed name of registered age OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE ST AUGUSTINE FL 32084 VSD HAGAN, SHERRY F 2000 OLD TYME AVE	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 4.5 STREET 4.5 STREET 4.5 STREET 4.6 STREET 4.6 STREET 4.7 STREET	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS	ired when reinstating) DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, prover printed name of registered age OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE ST AUGUSTINE FL 32084 VSD HAGAN, SHERRY F 2000 OLD TYME AVE	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 NAME 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.5 TITLE 5.2 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ired when reinstating) DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, prover printed name of registered age OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE ST AUGUSTINE FL 32084 VSD HAGAN, SHERRY F 2000 OLD TYME AVE	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.5 TITLE 5.2 NAME 5.3 STREET 5.2 NAME 5.3 STREET	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	ired when reinstating) DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, prover printed name of registered age OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE ST AUGUSTINE FL 32084 VSD HAGAN, SHERRY F 2000 OLD TYME AVE	D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 NAME 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.5 TITLE 5.5 NAME 5.5 STREET 5.6 CITY-S	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	ired when reinstating) DATE	DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, prover printed name of registered age OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE ST AUGUSTINE FL 32084 VSD HAGAN, SHERRY F 2000 OLD TYME AVE	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 5.4 CITY-S 6.1 TITLE 5.5 CITTLE 5.6 CITY-S 6.1 TITLE	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	ired when reinstating) DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, prover printed name of registered age OFFICERS AN PTD HAGAN, MARK C 2000 OLD TYME AVE ST AUGUSTINE FL 32084 VSD HAGAN, SHERRY F 2000 OLD TYME AVE	D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	ired when reinstating) DATE	DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition

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 attachagent with an address, with all other like empowered.

SIGNATURE: