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

Mailing Address 14221 TIMOTHY LANE

HUDSON FL 34669

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

14221 TIMOTHY LANE

HUDSON FL 34669



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000011147 (0)

GEO CONCRETE PUMPING, INC.

3. Date Incorporated or Qualified 01/31/1997 2. Principal Place of Business Applied For 26. Mailing Address 4. FEI Number 59-3474765 Not Applicable 21 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Žip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **GONZALES, LARRY J** 6845 RIDGE ROAD Street Address (P.O. Box Number is Not Acceptable) **PORT RICHEY FL 34668** 83 84 City Zip Code 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE MCCANN, GEORGE F 1.2 NAME NAME 14221 TIMOTHY LANE 1.3 STREET ADDRESS STREET ADDRESS **HUDSON FL 34869** 1.4 CHTY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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FILED

Mar 11 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

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Change

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☐ Addition

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