May 10, 1999 8:00 am Secretary of State

05-10-1999 90091 023 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000011316

1. Corporation Name

MORI ET THOMPSON CONCRETE INC

IVIODEE	THOMITSON CONCINETE,	1140.					
Principal Place	of Business	Mailing Address			1 18811331 (18 1811) 1881 8811 8811 8811 8811	9: 11 901 11000 11101	11919 3111 1881
704 EASY AVENUE POB 585117 ORLANDO FL 32805 ORLANDO FL 32852 US					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 02/03/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21 26				59-3425527	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	dditional	
27					5. Certificate of Status Desired	Fee Re	quired
City & State City & State				6. Election Campaign Financing	\$5.00	,	
23	28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year to		
24	25	1=	30 L		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registere	a Agent	
THO	MPSON, MOBLET		"	Name			
704 EASY AVENUE			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		ļ
ORLANDO FL 32805			83				
			24			. 85 Zip C	`odo
			84				
office or re agent. I as SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida, Such change was autations of, Section 607.0505, Florid	thorized by da Statutes	the corporation.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as rec	gistered
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	DELETE 1.1 Titl				Change	Addition
NAME	THOMPSON, MOBLET		1.2 NAME	\			l.
STREET ADDRESS	704 EASY AVENUE 1.3 ST		1.3 STREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32805	1.4 C		T-ZIP			
TITLE		□ DELETE	2.1 TITLE	}		Change	Addition (
NAME	2.2 N		2.2 NAME				
STREET ADDRESS	ADDRESS 2.3		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 CITY-S	T-ZIP		Change	Addition
TITLE		☐ DELETE 3.1 TI				[_] Ollarige	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	Į.			
CITY-ST-ZIP			3.4. CITY-S 4.1 TITLE	ST-ZIP		Change	Addition
TITLE			4.3 IIILE 4.2 NAME				
NAME	•						
STREET ADORESS			4.3 STREET				
CITY-ST-ZIP			4.4 CITY-S' 5.1 TITLE	1-ZIP		☐ Change	Addition
TITLE	51		5.2 NAME			_ •	
NAME STREET ADDRESS			•	ADDRESS			
1			5.4 CiTY-S	1			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
1			6.2 NAME	.			

CITY-ST-ZIP 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, with all other like empowered.

STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP