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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000019634 (9) DOCUMENT #

SHORT LOAD CONCRETE, INC.

## **FILED** Apr 17 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address						1 160(186) (10 10))) 1 1861 ABUT ABUT ABUT ABUT ABUT 11618 1816 ATTER TITLE STATE TO STATE TO STATE TO STATE TO STATE TO STATE
3825 SELVIT		3825 SELVITZ ROAD	3825 SELVITZ ROAD			
FORT PIERCE FL 34981		FORT PIERCE FL 34981	FORT PIERCE FL 34981			DO NOT WOITE IN THIS SPACE
						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
						03/04/1997
2. Principal F	Place of Business	2a. Mailing Address			<del></del> -	4. FEI Number Applied For
21		26				65-0743066 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				S8 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State		City & State				Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zip	Country Zip Cou		ıntry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30	30		Personal Property Tax due June 30. 🔲 Yes 🔣 No
	9. Name and Address of Currer	nt Hegistered Agent		81	Name	10. Name and Address of New Registered Agent
	NNE, ROBERT WILLIAM			"	Name	
	25 SELVITZ ROAD			82	Street	Address (P.O. Box Number is Not Acceptable)
ļ FU	ORT PIERCE FL 34981			83		
e e e				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stati	utes, the a	bove	e-named	corporation submits this statement for the purpose of changing its registered
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was lations of Section 607 0505. F	authorize	d by	the corp	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	will ignifical that, and dooply the oping	(attorne of 5000011 601.0000, 1	ionau ota		•	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NC	)1E: Registere	d Ape	nt signaturo	required when reinstating) DATE
12,	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE	1.1 T		]	Change Addition
NAME			1.2 N			Robert William Maine
STREET ADDRESS			1.3 5	TREET	ADDRESS	2129 SE. Elmhurst Rd.
CITY-ST-ZIP	Printe		_			Port St. Lucie, Fl 34952
TITLE		☐ DELETE	2.1 FITLE 2.2 NAME			☐ Change ☐ Addition
NAME						' '
STREET ADDRESS					ADDRES\$	
CITY-ST-ZIP	<del></del>	DELETE			T-ZIP	Change Addition
TITLE NAME		- Ottelt	3.1 TI 3.2 N			Change C Abbillion
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			. I		AUDHESS IT-ZIP	
TITLE		DELETE	4.1 TI		11 - Z1r	☐ Change ☐ Addition
NAME			4.2 N			
STREET ADDRESS					address .	
CITY-ST-ZIP				ITY-S		
TITLE						Change Addition
NAME	1	DELETE	5.1 TI	TLE		Ontarigo El Macritori I
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STREET ADDRESS		DELETE.	5.1 TI 5.2 N	AME	address	
STREET ADDRESS CITY+ST-ZIP		DELETE .	5.1 TI 5.2 N	AME Freet		
		DELETE	5.1 T) 5.2 N/ 5.3 S)	AME Freet FTY-s		Change Addition
CITY+ST-ZIP			5.1 T) 5.2 N/ 5.3 S) 5.4 C)	AME TREET HTY-S TLE		
CITY+ST-ZIP TITLE			5.1 TI 5.2 N/ 5.3 SI 5.4 CI 6.1 TI 6.2 N/	AME TREET TY-S TLE AME		

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 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.

11.13.40