## FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

Sandra B. Morthan

Secretary of State
DIVISION OF CORPO PATIONS

DOCUMENT # P97000020049 (7)

PUMP CRETE OF ENGLEWOOD, INC.

Principal Place of Business Mailing Address 1865 KEYWAY ROAD 1665 KEYWAY ROAD ENGLEWOOD FL \$4223 **ENGLEWOOD FL 34223** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/27/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65.0732667 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Ziρ Country This corporation owes or has paid the current year intangible 24 25 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name IZZO, JOHN P 180 N. INDIANA AVENUE, SUITE #5 82 Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD FL 34223-2959 83 84 City Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a
office or registered agent, or both, in the State of Florida. Such change was authorize
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta bove-named corporation submits this statement for the purpose of changing its registered d by the corporation's board of directors. I hereby accept the appointment as registered Signature, typed or printed name of ingistared agent and title if applicable Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE Change Addition TITLE 1.1 NAME ME REET ADDRESS STREET ADDRESS CITY-ST-ZIP Y-ST-ZIP ☐ DELETE 2.1 Change Addition TITLE ME NAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP TY-ST-ZIP Change Addition TITLE 3.1 NAME STREET ADDRESS eet address CITY-ST-ZIP Y-ST-ZIP ■ DELETE Change Addition NAME ee1 adoress STREET ADDRESS r-ST-ZIP CITY-ST-ZIF DELETE Change ☐ Addition 5.1 TITLE NAME EET ADDRESS STREET ADDRESS 5.3 5 CITY-ST-ZIP ☐ Addition ☐ DELETE 6.1 Change

14. I hereby certify that the information supplied with this filing does not qualify for the explain 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 ar 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 is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

FET ADDRESS

6.2 h

635

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIF

Rosa Varis

4/8/58

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**FILED** 

Apr 15 1998 8:00am

Secretary of State