

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000025352

1. Entity Name
METRO REDI-MIX COMPANY



Principal Place of Business
5353 W TYSON AVENUE
TAMPA, FL 33611

Mailing Address
P.O. BOX 40535
ST. PETERSBURG, FL 33743

FILED

Feb 19, 2004 08:00 AM
Secretary of State



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3437218

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TOCCALINO, GEORGE
5652 BAYVIEW DRIVE
SEMINOLE, FL 33772

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
TOCCALINO, GEORGE
5652 BAYVIEW DRIVE
SEMINOLE, FL 33772

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
CARLSON, CAREY
23112 FITZHUGH AVENUE
BROOKSVILLE, FL 34601

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
MCVEY, JACK
205 66TH STREET SO
ST. PETERSBURG, FL 33707

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000057596
02/19/04-80068-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-04