## 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** 

## **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90223 008 \*\*\*150.00

## DOCUMENT # P97000028828

1. Corporation Name

**B&D CONCRETE, INC.** 

Principal Place	ncipal Place of Business Mailing Address										
8575 66TH ST	7 D4011000	B575 66TH ST									
LIVE OAK FL 3206	60	LIVE OAK FL 32060									
						DO NOT WR		S SPAC	E		
						3. Date Incorporated or Qualifed					
						03/27/1997					
2. Principal Plac	ce of Business	2a. Mailing Address				4, FEI Number		Ĺ	Applied For		
21		26	26		59-3443843			Not Applicabl			
Suite, Apt. #,	etc	Suite, Apt: #; etc.			<del>-</del>	5. Certificate of Status Desired		, -	.75 Additional ee Required		
City & State		City & State				6. Election Campaign Financing		\$5	5.00 May Be		
23		28				Trust Fund Contribution		_A	dded to Fees		
Zip	Country	Zip	Co	untry		8. This corporation owes the cur	rent year Ir	ntangible	<del>)</del>		
24	25	29	30			Personal Property Tax.		Ye	s 🗆 No		
9. Name and Address of Currer		Registered Agent				10. Name and Address of New Registered Agent					
				81	Name						
edwards, Deborah J			82 Street Addr		ress (P.O. Box Number is Not Acceptable)						
8575 66TH ST				92	Street Addre	SS (F.O. DOX Number is Not Accept	aciaj				
LIVE O	AK FL 32060			83				,			
				84	City		Fl	85	Zip Code		
1 office or rea	the provisions of Sections 607.050 istered agent, or both, in the State familiar with, and accept the obligations.	of Florida. Such change w	as authorize	od by	the corporation	ration submits this statement for the 's board of directors. I hereby acce	purpose o	f chang intment	ing its registered as registered		
SIGNATURE _							DATE				
	gnature, typed or printed name of registered age				t signature required			ND DID	ECTOPS IN 42		
12.	OFFICERS AF	ID DIRECTORS	13	·		ADDITIONS/CHANGES TO OF	-FICERS A	אוט טוא	ECTURS IN 12		

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature re	equired when reinstating)	DATE		\
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OF	FICERS AN	ND DIRECTOR	RS IN 12
TITLE		DELETE	1,1 TITLE			☐ Change	Addition
NAME	EDWARDS, DEBORAH J		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CITY+ST-ZIP	LIVE OAK FL 32060		1.4 CITY-ST-ZIP				
TITLE		] DELETE	2.1 TITLE			Сhапде	Addition )
NAME	·		2.2 NAME				}
STREET ADDRESS	<u>.</u>		2.3 STREET ADDRESS		٠.		ļ
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TIFLE			Change	Addition
NAME	,		3.2 NAME				
STREET ADDRESS			. 3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4,1 TITLE			Change	Addition
NAME			4, 2 NAME	•	. '		
STREET ADDRESS	•		4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME '	1080		6.2 NAME				
STREET ADDRESS	1		6.3 STREET ADDRESS				1
	1		6.4 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.

SIGNATURE: \(\frac{1}{2}\)

CR2E034 (11/98)

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees