

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90003 033 \*\*\*150.00

**DOCUMENT # P97000031297**

1. Entity Name  
**FOOTE CONCRETE, INC.**



Principal Place of Business  
**1524 LAUDER AVE  
JACKSONVILLE, FL 32208 US**

Mailing Address  
**1524 LAUDER AVE  
JACKSONVILLE, FL 32208 US**

**50061018**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-3435271**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**FOOTE, VERNELL E  
1524 LAUDER AVE  
JACKSONVILLE, FL 32208**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 *Vernell E. Foote*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), E.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	FOOTE, VERNELL E	
STREET ADDRESS	1524 LAUDER AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #



ATTACHMENT  
50061018  
Division of Corporations

## Annual Report

Annual Report Help

Document Number

P97000031297

Business Entity Name

FOOTE CONCRETE, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

593435271

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

## Principal Place of Business

Address 1524 LAUDER AVE  
Suite, Apt. #, etc.  
City, State JACKSONVILLE FL  
Zip Code & Country 32208 US

## Mailing Address

Address 1524 LAUDER AVE  
Suite, Apt. #, etc.  
City, State JACKSONVILLE FL  
Zip Code & Country 32208 US

## Name And Address of Registered Agent

Name (Last, First, Middle, Title) FOOTE, VERNELL E  
-or- RA Business Name  
Address (PO Box is not acceptable) 1524 LAUDER AVE  
Suite, Apt. #, etc.  
City, State JACKSONVILLE, FL  
Zip Code & Country 32208 US

ATTACHMENT

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5/20/10/18

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature** Vernell E. Foote

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name And Address**

Title	P		
Name (Last, First, Middle, Title)	FOOTE	VERNELL	E
-or- Entity Name			
Street Address	1524 LAUDER AVE		
City, State	JACKSONVILLE	FL	
Zip Code & Country	32208		
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			

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06/01/8

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

*Vanell E. Foose*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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**Annual Report Help**



ATTACHMENT  
SD 06/01/8

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 20, 2005

FOOTE CONCRETE, INC.  
1524 LAUDER AVE  
JACKSONVILLE, FL 32208 US

SUBJECT: FOOTE CONCRETE, INC.  
Ref. Number: P97000031297

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 505A00047541