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

DOCUMENT # P97000046842 (5)

RONNIE AND SONS CONCRETE, INC.

FILED May 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				1 19611661 110 (611) 1691 6911 6611 6611 6911 6911 6116 6116 1711 6116 1711
860 BROOKSTONE CT		BEO BROOKSTONE CT		
JACKSONVILLE FL 32259		JACKSONVILLE FL 32259		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				05/23/1997
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26 445 State 6	Rd 13 N	59 3447476 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22	<u>,, _= , </u>	27 # 26 - 44	<u> </u>	Fee Required
City & State	0	City & State	<u>C</u> I	Election Campaign Financing \$5.00 May Be
23 7:	Country	28 fruit Cove	Country	Trust Fund Contribution
Zip	├─¬ '	29 32259 30	A	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes
24	9. Name and Address of Current		0 001	10. Name and Address of New Registered Agent
The state of the s			81 Name	
	O BROOKSTONE CT		82 Street Add	dress (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32259				diess (1.0. Bux Number is Not Acceptable)
			83	
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE				
	Signature, typed or pointed name of registered agen		Registored Agent signature requ	
12.	OFFICERS AND	DELETE	13. 11 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	LANGDO, KAREN P	L_I DELLE	12 NAME	C. Crimingo C. Tabrilon
NAME Street adoress	860 BROOKSTONE CT		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	•	1.4 City-St-Zip	
TITLE	D	DELETE	21 THILE	Change Addition
NAME	LANGDO, RONALD S	-	22 NAME	
STREET ADDRESS	860 BROOKSTONE CT		23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259		2. 4 CITY-S1-ZIP	. • 1
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAML	
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		DELFTE	4.4 CITY-ST-ZIP	Change Addition
TITLE			5.1 TITLE	L.J Change L.J Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	•
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME		Dittie.	6.2 NAME	the company and the control of the c
STREET ADDRESS			6.3 STREET ADDRESS	
			6.4 CITY-S1-ZIP	
CITY-ST-ZIP	portify that the information convoling usi	th this filtra does not qualify for		in Section 119 07(3Vi). Florida Statutes, I further certify that the information

I hereby certify that the information supplied with this thing 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 eath; that I am an officer or director of the corporation or the receiver or mystee proposered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address.