FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

P97000048591 (6)

MITCHELL'S CONCRETE, INC.

Principal Place of Business
AAA-WHAR-FORESTE CONCER

FILED Mar 25 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		e imaticade tien contre datis annis matic abist bride frite foldt film ibidi	
118 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714					
ALIAMONIE	SPHINGS PE-32714	ALTAMONTE SPRINGS FL	-3271 4	DO NOT WRITE IN THIS SPACE	
Í				3. Date Incorporated or Qualified	
				06/03/1997	
	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
21 1445	LAPALOMA Circle	26 (445 L9pg) Suite, Apt. #, etc.	oma Circl	6 59 3450122. Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional	
22		27		Fee Required	
City & State		City & State		Election Campaign Financing \$5.00 May Be	
23 Winks	Secine, F.C.	28 Winter Spring		Trust Fund Contribution Added to Fees	
Zip	Country	Zip V) Country	8. This corporation owes or has paid the current year Intangible	
24 32702			30	Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMACON AWAYED CHARTEDED 81 Name					
HITCHELL B KEGINALD					
	ALMERIA AVENUE		82 Street	Address (P.O. Box Number is Not Acceptable)	
CU	RAL CABLES FL 20134		83	445 LAPALONA CIPCLE	
			63		
			84 City	WINTER 314 MBS FL 85 Zip Code 8.	
## Diversions h	a the area inions of Castings CO7/	2500 d 607 d 600 Fig			
office or re agent. I ar	o the provisions or Sections 607.to egistered agent, or both, in the Sr n tanvillar with, and accomplise of	ate of Florida, Such change was au lightens / Section 607.0505, Flori	s, the above-named thorized by the cor da Statutes.	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Status Syped by proton name by physician	agent and then if applicable (NOTE:	Peoislated Acad a contur	e required when reinstating) DAY	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	DELETE	1.1 TITLE		
NAME	MITCHELL, REGINALD B		1.2 NAME	HITCHELL REGINALD	
STREET ADDRESS	178 WEST GRANGE STRE	EK.	1.3 STREET ADDRESS	HITCHELL REGINALD X Change LAddition 1445 LARACOMA CIRCLE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	02714 .	1.4 CITY-ST-ZIP	WINTER SILING FL 32708	
THLE		DELETE	2.1 TITLE	Change Addition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	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		
\$TREET 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 ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZiP		
14. I hereby ce	ertify that the information supplied	with this filing does not qualify for	he exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
officer or d Block 12 or	on this annual report or suppleme irector of the corporation or the re r Block 13 if charged, or on an a	ntal annual report is true and accur eceiver or trustee empowered to of liackingent with an address	ate and that my sig ecule this report as	nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in	