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

DOCUMENT # P97000050718

JAGUAR CONCRETE, INC.

FILED

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90075 012 ***150.00

		· ·		
Principal Place of Business	Mailing Address		()68/108/ 1/0 (0/1/ 100/ 100/ 100/ 100/ 100/ 100	
260 CORPORATE WAY	O CORPURATE WAY			
ORANGE FAHR FE 32073 - 0	RANGE PARK Ft 92073		DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualifed	O OF ACL
1			06/06/1997	
0.000	a. Mailing Address	-4	4. FEI Number	Applied For
	7 - 0 - 10	307	59-3451007	Not Applicable
21 204 North ORAnge Ave 26	p.0. BOX 13	7	39-343 1007	\$8.75 Additional
Suite, Apt. #, etc.	Jane, Apr. #, erc.		5. Certifcate of Status Desired	Fee Required
22 27 City & State	City & State	 	6. Election Campaign Financing	\$5.00 May Be
¬ ~ ~ ⊢	1 <i>(</i>)	Sacines	Trust Fund Contribution	Added to Fees
Zip Country	Zip Zip	Country	8. This corporation owes the current year	
24 32043 25 29	7 ~	¬ ,,,,	Personal Property Tax.	☐Yes XINo
9. Name and Address of Current Regi		0, 0000	10. Name and Address of New Registers	d Agent
. 5, Harrie and Address of Content (Cag	Total ou Agent	81 Name	1.11/1.	
WILLIAMS, TOM			om NilliAMS	······
2 80 CORPORATE WAY -		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
ORANGE PARK FL-32073.		83 14 <i>09 1</i>	Kingsley Ave, ste#/B	
Clanica (Talli E Cario		**		
		84 City	PANK F	L 85 Zip Code
		ORAN		L 32
11. Pursuant to the provisions of Sections 607.0502 and office or registered agent, or both, in the State of Flor agent. I am familiar with, and accept the community of the state of the s	rida/Such change was aut	norized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
agent. I am familiar with, and accept the obligations of	or Section 607.0505; Florid	a Statutes.	7/2-	GC .
SIGNATURE	ma		5/23/	77
Signature, typed or printed name of fegurered agent and titl 12. OFFICERS AND DIR		egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12. OFFICERS AND DIR	DELETE	1.1 TITLE	ADDITIONS OF A COLUMN AND ADDITIONS OF A COL	Change Addition
. 1		17 NAME		-
NAME BATTON, SHERI P.	<u></u>	1		
STREET ADDRESS 1.104 BATTON RD -		1.3 STREET ADDRESS		
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043		1.4 CITY-ST-ZIP		☐ Change
TITLE President	☐ DELETE	2.1 TITLE		
NAME TIMMY Perry	E	22 NAME		
STREET ADDRESS P.O. Box 1307		2.3 STREET ADDRESS		
	32043	2.4 CITY-ST-ZIP		
TITLE ; Vice president	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME : Sheri BATTON		3.2 NAME		
STREET ADDRESS 1/04 Batton rd		3.3 STREET ADDRESS		
CITY-ST-ZIP Green Cove Springs	FL 32043	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		
πιε	☐ 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
i l		6.2 NAME		- -
NAME		6.3 STREET ADDRESS		
STREET ADDRESS		6.4 CITY-ST-ZIP		
CITY-ST-ZIP	_	0.4 CHT-SI-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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

REQUIDE SIGNING OFFICER OR DIRECTOR