

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**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90048 009 \*\*\*150.00

DOCUMENT # P97000057387

1. Corporation Name

TODD'S CONCRETE, INC.



Principal Place of Business

21 TIMBER TRAIL  
ORMOND BEACH FL 32117

Mailing Address

21 TIMBER TRAIL  
ORMOND BEACH FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1997

4. FEI Number

59-3455587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 669 A 8th STREET

2a. Mailing Address

2a 669 A 8th STREET

Suite, Apt. #, etc.

22 P.O. FL 32127

Suite, Apt. #, etc.

27 P.O. FL 32127

City & State

23 HOLLY HILL FL

City & State

28 HOLLY HILL FL

Zip

24 32117 25 USA

Zip

29 32117 30 USA

9. Name and Address of Current Registered Agent

FILJONES, TODD  
21 TIMBER TRAIL  
ORMOND BEACH FL 32117

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
669 A 8th STREET

83

84 City HOLLY HILL

FL

85 Zip Code 32117

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE  
NAME FILJONES, TODD D  
STREET ADDRESS 21 TIMBER TRAIL  
CITY-ST-ZIP ORMOND BEACH FL 32117

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD ☒ Change ☐ Addition  
1.2 NAME FILJONES, TODD D  
1.3 STREET ADDRESS 669 A 8th ST  
1.4 CITY-ST-ZIP HOLLY HILL FL 32117

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0027165