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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700057899

SHIVER'S CONCRETE, INC.

	,				
Principal Place	e of Business	Mailing Address			I 100 1100 II III III III III III III II
1170 PARTLOW DR. WINTER GARDEN FL 34787 US		1170 PARTLOW DR. Winter Garden Fl 34787 US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 06/30/1997
2. Principal Place of Business 2a. Mai		2a. Mailing Address			4. FEI Number Applied For
21		26			59-3457665 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Sa.75 Additional Fee Required
City & Stat	e	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip			Country		This corporation owes the current year Intangible
24	25				Personal Property Tax. Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
SHIVER, PHILLIP A		82	Street /	Address (P.O. Box Number is Not Acceptable)	
1170 PARTLOW DR.					
WIN	TER GREEN FL 34787		83		
			84	City	FL 85 Zip Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	ithorized by	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag				required when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME ·	SHIVER, PHILLIP A 12N		1.2 NAME		
STREET ADDRESS			1.3 STREE	TADDRESS	
CITY-ST-ZIP	WINTER GREEN FL 34787		1.4 CITY-S	T-ZIP	
TITLE	-	☐ DELETE	2,1 TITLE	·	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	TADDRESS	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	į	
STREET ADDRESS			3.3 STREE	TADDRESS	
CITY-ST-ZIP			3.4 CITY-1	ST-ZIP	
TITLE			4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS					
CITY-ST-ZIP			4.3 STREE	TADDRESS	
TITLE				TADDRESS	
NAME		DELETE	4.3 STREE 4.4 CITY-S 5.1 TITLE	TADDRESS	☐ Change ☐ Addition
		☐ DELETE	4.4 CITY-5	TADDRESS	☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	4.4 CITY-5 5.1 TITLE 5.2 NAME	TADDRESS	☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	4.4 CITY-5 5.1 TITLE 5.2 NAME	T ADORESS T-ZIP T ADDRESS	Change Addition
STREET ADORESS CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	T ADORESS T-ZIP T ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME ,

CITY-ST-ZIP

STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR