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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🔞

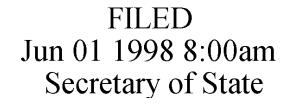
Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

P97000060583 (6)

PERFORMANCE CURB & SIDEWALK SYSTEMS, INC.





Principal Place of Business Mailing Address 2995 LAFAYETTE ST. 2995 LAFAYETTE ST. FT. MYERS FL 33916 FT. MYERS FL 33916 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/10/1997</u> 2. Principal Place of Business 2a. Mailing Address 4. FEi Number Applied For 65-08336 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes ☐ No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WALKER, LOUIS H 2995 LAFAYETTE ST. 82 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33916 83 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 printed natural discusted agent and title diapparable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE ☐ Addition 1.1 TITLE WALKER, LOUIS H NAME 1.2 NAME 2995 LAFAYETTE ST. STREET ADDRESS 13 STREET ADDRESS FT. MYERS FL 33916 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 THLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 3.1 11TLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZIP DELETE Change ☐ Addition 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-7IP 14. Thereby 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 path; 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.