SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 16, 1999 8:00 am Secretary of State Katherine Harris

08-16-1999 90006 031 ***558.75

DOCUMENT #	P97000068582
 Corporation Name 	1 37 000000002

5 STAR CONCRETE, INC.

	CONONETE, INO				
Principal Place		Mailing Address			
2101 N.W.: HAI ARCADIA FL 3	LE-DEAN-ROAD 14265	PO BOX:1588 ARCADIA FL 34265	ا المحدد المحالة	the state of the s	766 1 7
1				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified 08/07/1997	
2. Principal P	lace of Business	2a. Mailing Address	_	4. FEI Number	Applied Fo
21 6470	n.w. Wuthrich Av.	26 POROX 230	4	59-3461663	Not Applic
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition: Fee Required
City & State	e ,	City & State		6. Election Campaign Financing	\$5.00 May Be
23 AFC	Idia H	28 Arcania F		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24 342	66 25 US	29 34265 3	ol US_	Intangible Personal Property.	U Yes ☑ No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registere	d Agent
210	ssidy, James F 11 n.w. hale dean road Cadia Fl 34265		83	Christy Drynon Address (P.O. Box Number is Not Acceptable) 70 N.W. WUThrich AV.	85 Zip Code
			84 City	Arcadia F	L 85 Zip Code 3426
l office or	to the provisions of sections 607,0502 are registered agent, or both, in the State of am familiar with, and accept the obligation of the state of th	f Florida. Such change was aut ons of, section 607.0505, Florid	thorized by the corp da Statutes.	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the approximation and the statement for the purpose of poration's board of directors. I hereby accept the approximation and the statement for the purpose of poration and the statement for the state	pointment as registere
12.	OFFICERS AND		13	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS I
TITLE	P	DELETE	1.1 TITLE	Drumon	☑ Change ☐
NAME	JAMES F CASSIDY		1.2 NAME	Christy Drymon 6470 n.W. Wuthrich Ar.	ł
STREET ADDRESS	2101 N.W. HALE DEAN ROAD		1.3 STREET ADDRESS		1
CITY-ST-ZIP	ARCADIA FL 34265		1.4 CITY-ST-ZIP	Arcadia Fl 342/06	
TITLE		L DELETE	2.1 TITLE		Change [
NAME			2.2 NAME		{
STREET ADDRESS			2.3 STREET ADDRESS		}
CITY-ST-ZIP			2.4 CITY-ST-ZIP 3.1 TITLE		Change
NAME	ł	DELETÉ	3.2 NAME	}	Change!
STREET ADDRESS			3.3 STREET ADDRESS		ſ
CITY-ST-ZIP			3.4 CiTY-ST-ZIP		{
TITLE		DELETE	4.1 TITLE	<u> </u>	Change
NAME		□ Dece ie	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP	1	{
TITLE		DELETE	5.1 TITLE		Change
NAME			5.2 NAME	}	_ , _
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change
NAME			6.2 NAME		
STREET ADDRESS	·		6.3 STREET ADDRESS		1
CITY-ST-ZIP	·	•	6.4 CITY-ST-ZIP]
44	- 410 11 . A Alm . 1 00	1 - Ella			futbat the information

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 informatic 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 appear in Block 12 or Block 13 if changed, or on an attachment with an address.