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

**PROFIT CORPORATION** ANNUAL REPORT

**19**98

THILE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P97000085927 (6)

PRO-CRETE SHELL CONTRACTORS, INC.

Principal Place of Business Mailing Address 45 MCLEOD STREET 45 MCLEOD STREET SUITE 3 SUITE 3 DO NOT WRITE IN THIS SPACE MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 3. Date Incorporated or Qualified 10/06/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HAMBLIN. GEORGE 45 MOLEOD STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 3 83 MERRITT ISLAND FL 32953 R4 City 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: typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELFTE Change Addition 1.1 TITLE NAME ANDERSON, PETE 1.2 NAME \$662 HAYS STREET N.W. STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL 32907 CITY+\$1-ZIP 1.4 CITY - \$1 - ZIP DELFTE ☐ Change TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 1 1ITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE DEL ETE 4.1 THILE Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-\$T-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this tiling 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6 1 1IILE

6.2 NAME

DELETE

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Jul 08 1998 8:00am

Secretary of State

Addition