PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90141 040 ***150.00

DOCUMENT #	POZOCOR	7558

i. Curpuration	Maine				- 1				
LEE'S C	Oncrete Construction	I INC.							
Principal Place	e of Business	Mailing Address				1 J##11001 JIW 1911 1991 MAIN WAIN V	Bill Adial (Alti l	1681 Ellel E	1141 1411 1841
6115 MICHELLE CIRCLE PANAMA CITY FL 32404-9572 6115 MICHELLE CIRCLE PANAMA CITY FL 32404-9572		572			DO NOT WRITE	IN THIS SPA	ACE.		
					-	3. Date Incorporated or Qualifed			
					1	10/09/1997			ļ
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21		26				59-3474876		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$	8.75 Ac Fee Req	
City & State	e	City & State	-			6. Election Campaign Financing		\$5.00 N	May Be
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the current			
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curren	it Registered Agent		2T	_	10. Name and Address of New Reg	istered Age	<u>nt</u>	
VADI	NER, LEE JASON		8	1 Name					
	MICHELLE CIRCLE		8	2 Street	Address	s (P.O. Box Number is Not Acceptable	;)		
	AMA CITY FL 32404-9572								
FAIN	AWA CITT 1'E 32404-9312		8	3					i
			8				FL 8		
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	authorized b	v the como	corpora oration'	ation submits this statement for the pul s board of directors. I hereby accept the	rpose of char ne appointme	nging its r ent as reg	egistered istered
SIGNATURE						,	DATE		
42	Signature, typed or printed name of registered age	ND DIRECTORS	E: Registered Ag	ent signature r	required wi	ADDITIONS/CHANGES TO OFFICE		IRECTOR	
12.	P	DELETE	1.1 TITLE			ABBITIONO/OHANGEO TO OTTIO		Change	Addition
NAME	VARNER, LEE JASON		1.2 NAM				_		
STREET ADDRESS	6115 MICHELLE CIRCLE			ET ADDRESS					
	PANAMA CITY FL 32404-9572		1.4 CITY						
CITY-ST-ZIP TITLE	ST	DELETE	2.1 TITLE					Change	☐ Addition
NAME	VARNER, TAFFIE M	_	2.2 NAM						
STREET ADDRESS	ALLE MOUELLE OIDOLE			ET ADDRESS					
CITY-ST-ZIP	PANAMA CITY FL 32404-9572		2. 4 CITY			4		_	
TITLE	Tradamit Office Deligitoria	☐ DELETE	3.1 TITLE		Vic	e-President		Change	Addition
NAME			32 NAM			mar T. Varner			
STREET ADDRESS			3.3 STRE	ET ADDRESS		5 Michelle Circle			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP	Par	nama City, F1 32404-	9572		
TITLE		☐ DELETE	4.1 TITLE	-				Change	☐ Addition
NAME			4. 2 NAM	E					
STREET ADDRESS			4.3 STRE	ET ADDRESS	:				
CITY-ST-ZIP			4.4 CITY	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE	, ,			. 🗀	Change	☐ Addition
NAME			5.2 NAM	E	Ì				
STREET ADDRESS			5.3 STRE	ET ADDRESS		• • • •			
CITY-ST-ZIP			5.4 CITY						
TITLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAM			•	•		
OTDETT ADDOESE			6.3 STR	ET ADDRESS	1				

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 eath; 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.

6.4 CITY-ST-ZIP

SIGNATURE:

IAME OF SIGNING OFFICER OR DIRECTOR

850-871-6695