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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000089722 (7) DOCUMENT #

TOTAL CONCRETE SERVICES, INC. Principal Place of Business Mailing Address 9821 EDEN AVE. 9821 EDEN AVE. HUDSON FL 34667 HUDSON FL 34667 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HENSLEY, DAVID W 6905 NAUTICAL ISLE Street Address (P.O. Box Number is 82 HUDSON FL 34667 83 XLIDSON ed corporation submits this statement for the purpose of changing its registered prporation's board of directors. I hereby accept the appointment as registered Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section SIGNATURE DAVID W HENSLEY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change Addition DELETE PRESIDENT 1.1 TITLE TITLE HENSLEY, TODD H NAME **1.2 NAME 9821 EDEN AVE.** 1.3 STREET ADDRESS STREET ADDRESS HUDSON FL 34667 CITY-ST-ZIP 1.4 CITY - ST-ZIP VICE - PRESTINENT Change Addition DELETE 2.1 TITLE TITLE DAVID W. HENSLEY 2.2 NAME NAME 6509 NAUTICAL ISLE 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITE F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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

6.4 CITY - ST- ZIP

FILED

Jan 27 1998 8:00am

Secretary of State