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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000089722

TOTAL CONCRETE SERVICES, INC.

Principal P		lace	of	Busines
0021	ENEN	۵VE		

Mailing Address

9821 FDFN AVE

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90062 030 \*\*\*150.00



HUDSON FL 34667	HUDSON FL 34667			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 10/17/1997			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
21	26			59-3478256	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip 29 30	Country		This corporation owes the current year     Personal Property Tax.	ar Intangible ☐ Yes ☐ No		
	of Current Registered Agent	,	10. Name and Address of New Registered Agent				
HENSLEY, DAVID W 6509 NAUTICAL ISLE HUDSON FL 34667		81		dress (P.O. Box Number is Not Acceptable)			
		83		· · · · · · · · · · · · · · · · · · ·			
		84	City		FL 85 Zip Code		
44 December 1 to the provinces of Continu	COZ 0502 and COZ 1500 Elorida Statutos	the above	e-named con	poration submits this statement for the purpo	se 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 ai	n familiar with, and accept the obligations	or, Section 607.0505, Florida	a Statules.	1 1 0 0		ا سسر د
SIGNATURE	Signature, typed or printed name of registered age/st and	ittle if applicable. (NOTE: Re	igistered Agent signature in	equired when reinstating)  0	/-/2-9	18
12.	OFFICERS AND DI		13.	ADDITIONS CHANGES TO OFFICE	RS AND DIRECTOR	
TITLE	Р	DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	HENSLEY, TODD H		1.2 NAME		*.	
STREET ADDRESS	9821 EDEN AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	HUDSON FL 34667		1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE	SECY/TREASURER HENSLEY, DAVID W. 6509 NANTICAL ISLE	Change	Addition
NAME	HENSLEY, DAVID W		22 NAME	HENSLEY, DAVIDW.	_	ĺ
STREET ADDRESS	6509 NAUTICAL ISLE		2.3 STREET ADDRESS	6509 NANTICAL ISLE		
CITY-ST-ZIP	HUDSON FL 34667		2.4 CITY-ST-ZIP	HUDSON, FL 34667		
TITLE		☐ DELETE	3.1 TITLE	\J/P \(^	☐ Change	Addition
NAME			3.2 NAME	RALEY, KEVIN 1050 FIFTH ST. S. SAFETY HARBOR, FL		
STREET ADDRESS			3.3 STREET ADDRESS	705 - FIFTH ST. S.	<b>.</b>	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	SAFETY HARBOR, FL	34695	
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		<u> </u>	4.4 C/TY-ST-ZIP			
TITLE		DELETE	51 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY+ST+ZIP			
TITLE	<del></del>	DELETE .	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CiTY-ST-ZiP			

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, with all other like empowered.