

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
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000001952

1. Corporation Name

ANDERSON CONCRETE AND MASONRY, INC.

Principal Place of Business

1723 TALLO WAY
ORLANDO FL 32818

Mailing Address

1723 TALLO WAY
ORLANDO FL 32818

2. Principal Place of Business

21 2014 KINGSLAND AVENUE

Suite, Apt. #, etc.

2a. Mailing Address

26 2014 KINGSLAND AVENUE

Suite, Apt. #, etc.

City & State

23 ORLANDO, FLORIDA

Zip Country

24 32808

City & State

28 ORLANDO, FLORIDA

Zip Country

29 32808

30

9. Name and Address of Current Registered Agent

ANDERSON, BILL
1723 TALLO WAY
ORLANDO FL 32818

REINSTATEMENT

3. Date incorporated or Qualified

01/08/1998

4. FEI Number

59-3488347

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2014 KINGSLAND AVENUE

83

84 City

ORLANDO

FL

85 Zip Code

32808

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 607.0503, Florida Statutes.

SIGNATURE Bill Anderson BILL ANDERSON

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10-01-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME ANDERSON, BILL
STREET ADDRESS 1723 TALLO WAY
CITY-STATE-ZIP ORLANDO FL 32818

TITLE ☐ DELETE

D
NAME ANDERSON, KARL
STREET ADDRESS 2014 KINGSLAND AVE.
CITY-STATE-ZIP ORLANDO FL 32808

TITLE ☐ DELETE

D
NAME ANDERSON, AVA
STREET ADDRESS 2014 KINGSLAND AVE.
CITY-STATE-ZIP ORLANDO FL 32808

TITLE ☐ DELETE

☐ DELETE

TITLE ☐ DELETE

☐ DELETE

TITLE ☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

2014 KINGSLAND AVENUE
ORLANDO, FL 32808

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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.

SIGNATURE: Bill Anderson BILL ANDERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-01-99

407 297 9777

CR2E034 (5/99)