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

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90031 046 ***150.00

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COBRA CONCRETE CUTTING, INC.

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Mailing Address Principal Place of Business 3911 2ND AVE. NORTH 3911 2ND AVE. NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/14/1998 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Numb Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. П 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State **Election Campaign Financing** Added to Fees Trust Fund Contribution 23 28 Country This corporation owes the current year Intangible Country Zip Zip Personal Property Tax. 30 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 TINLEY, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 3911 2ND AVE. NORTH ST. PETERSBURG FL 33713 83 Zip Code 84 City 85 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	K-1111-6	KILHARD D. IIN	KE4	1-8-59				
Signature, typed or printed name of registered agent and title if appricable. (NOTE: Registered agent signature required when reinstating)								
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO				
TITLE	D	☐ DEŁETE	1.1 TITLE	•		Change	☐ Addition	
NAME	TINLEY, RICHARD D		1.2 NAME					
STREET ADDRESS	3911 2ND AVE. NORTH		1.3 STREET ADDRESS				Ì	
CITY-ST-ZIP	ST. PETERSBURG FL 33713		1,4 CITY-ST-ZIP		·			
TITLE	D	☐ ĐELETE	2.1 TITLE		1	Change	☐ Addition	
NAME	GRAYSON, PEARL E		2.2 NAME					
STREET ADDRESS	226 44TH AVE. NORTH		2.3 STREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL 33703		2.4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME	•				
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ OELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS				-	
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME		•			
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP				P77 - 4 400	
TITLE		☐ 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.