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Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90103 042 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000008601

1. Corporation Name  
SAM KISSINGER CONCRETE PUMPING, INC.



Principal Place of Business  
10053 CR 117  
OXFORD FL 34484

Mailing Address  
10053 CR 117  
OXFORD FL 34484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/26/1998

4. FEI Number  
65-0809488 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

9. Name and Address of Current Registered Agent  
KISSINGER, SAM  
10053 CR 117  
OXFORD FL 34484

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1.1	PSTD			<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2	SAMUEL T. KISSINGER				
1.3	10053 CR 117				
1.4	OXFORD, FL 34484				
2.1				<input type="checkbox"/>	<input type="checkbox"/>
2.2					
2.3					
2.4					
3.1				<input type="checkbox"/>	<input type="checkbox"/>
3.2					
3.3					
3.4					
4.1				<input type="checkbox"/>	<input type="checkbox"/>
4.2					
4.3					
4.4					
5.1				<input type="checkbox"/>	<input type="checkbox"/>
5.2					
5.3					
5.4					
6.1				<input type="checkbox"/>	<input type="checkbox"/>
6.2					
6.3					
6.4					

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.

SIGNATURE: X *[Signature]* REQUIRED 4/7/99 352/7480678  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)