

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
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90020 039 ***550.00

DOCUMENT # P98000011179

1. Corporation Name

BRIDGEPORT CONCRETE SERVICES, INC.

Principal Place of Business

4510 OAK FAIR BLVD.,STE.202
TAMPA FL 33610

Mailing Address

4510 OAK FAIR BLVD.,STE.202
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1998

4. FEI Number

59-3490727

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

2a. Mailing Address

21 8302 Laurel Fair Cir. No.
Suite, Apt. #, etc.

26 8302 Laurel Fair Cir. No.
Suite, Apt. #, etc.

22 Suite 130

27 Suite 130

23 City & State

28 City & State

Tampa

Tampa

24 Zip

Country

29 Zip

Country

FL

25 33610

FL

30 33610

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAYNES, DAVID A
120 S. OLIVE AVE.,STE.702
W. PALM BEACH FL 33401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS
NAME MARTIN, ROBERT
STREET ADDRESS 4510 OAK FAIR BLVD.,STE.202
CITY-ST-ZIP TAMPA FL 33610

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 8302 Laurel Fair Circle N. # 130
1.4 CITY-ST-ZIP

TITLE VP
NAME MARTIN, ROGER
STREET ADDRESS 4510 OAK FAIR BLVD.,STE.202
CITY-ST-ZIP TAMPA FL 33610

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 8302 Laurel Fair Circle N. # 130
2.4 CITY-ST-ZIP

TITLE T
NAME KEEFE, ROBERT
STREET ADDRESS 4510 OAK FAIR BLVD.,STE.202
CITY-ST-ZIP TAMPA FL 33610

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 8302 Laurel Fair Circle N. # 130
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-622-7150

CR2E034 (11/98)