

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90039 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000015837

1. Corporation Name
 LON MANUCY CONCRETE, INC.



Principal Place of Business: 502 ALICANTE ROAD SAINT AUGUSTINE FL 32086

Mailing Address: 502 ALICANTE ROAD SAINT AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1998

4. FEI Number: 59-3494496

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 Tax: Yes No

9. Name and Address of Current Registered Agent: AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134

10. Name and Address of New Registered Agent: CHARLES HALL 77 ALMERIA STREET ST. AUGUSTINE FL 32085

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] DATE: 3/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSTD	<input type="checkbox"/> DELETE	1.1 TITLE: PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MANUCY, ALONZO		1.2 NAME: MANUCY, ALONZO	
STREET ADDRESS: 502 ALICANTE ROAD		1.3 STREET ADDRESS: 3 THEOPHELIA COURT	
CITY-ST-ZIP: SAINT AUGUSTINE FL 32086		1.4 CITY-ST-ZIP: ST. AUGUSTINE, FL 32085	
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.071, 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] DATE: 3/1/99

CR2E034 (11/98)