PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kutherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000019431

•	ONCRETE CONSTRUCTION	, IŅC.									
Principal Place	e of Business	Mailing Address					•				
11821 MESSLER ROAD 11921 MESSLER ROAD											
GIBSONTON FL 33534 GIBSONTON FL 33534				•			DO NOT WRITE IN THIS SPACE				
						f	3. Date Incorporated or Qualifed				
	•					- 1	02/27/1998				
2 Principal Pi	lace of Business	2a, Mailing Address				\dashv	4. FEI Number	1.0	<u></u>	lied For	
21		26				İ	59-34978			Applicable	
Suite, Apt.	#, etc.	Suite, Apt, #, etc.				Ī	5. Certificate of Status Desired [\$8.75 A		
22		27				_	<u> </u>	-	Fee Rec		
City E Const.		City & State					-0 Election Compalan Financing		\$5.00 t	•	
23		28					Trust Fund Contribution	1 I-4		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Zip	Country	Zip	Cou	ınay			 This corporation owes the current Personal Property Tax. 	t year int		□No Í	
24	9. Name and Address of Current	1 Paristand Agent	<u>.0 </u>				10. Name and Address of New Reg	aistered .		=	
	9. Name and Address of Current	r vedistated Wilate		81	Name		10. House and Paralless of the				
BON	ILLA, ALBERTO			1 1							
	1 MESSLER ROAD			82	Street Ad	ddres	s (P.O. Box Number is Not Acceptable	e)		ſ	
GIBS	SONTON FL 33534			83							
- '				$\Box \bot$					140 75-0		
				84	City			FŁ	85 Zip C	oce)	
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the a	bove-	named co	orpora	ation submits this statement for the pu	rpose of	changing its	egistered	
	to the provisions of Sections 607.0502 agistered agent, or both, in the State of m familiar with, and accept the obligat				зе согрога	ation's	s board of directors. I hereby accept to	ne appoil	riment as reg	ISTOREG	
agentia	m ramiliar with, and accept the congac	BOILS OI, SECROIT GOV. COOS, TICH		0100.							
SIGNATURE	Signature, typed or printed name of registered agent	I and title if applicable. (NOTE: R	logistered		signature req	paired w	han reinstating)	DATE			
SIGNATURE	Signature, typed or printed name of registered agent	D DIRECTORS	legistered		signature req	pidrad w	ner reinstating) ADDITIONS/CHANGES TO OFFIC			RS IN 12	
	OFFICERS AN		_	Agent s		_	ADDITIONS/CHANGES TO OFFICE	CERS AN	D DIRECTO	RS IN 12	
12.	OFFICERS AND D BONILLA, ALBERTO	D DIRECTORS	13. 1.1 TI 1.2 N/	Agent s		ŞĘ	ADDITIONS/CHANGES TO OFFICE CRETARY TREASURE	CERS AN		RS IN 12	
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14. I hereby certify that the information supplied with this filling 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 eath; 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: 4

Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90060 024 ***150.00