

08061999-90010-015-\$150.00-\$150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$900 (IF UNPAID), MINIMUM AMOUNT DUE TO REINSTATE: \$750.

199.

APPROVED
AND
FILED

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99 AUG 20 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000025957 1. Corporation Name LAMB MASONRY & CONCRETE, INC.					
Principal Place of Business 7595 WC HIGHWAY 48 BUSHNELL FL 33513		Mailing Address 7595 WC HIGHWAY 48 BUSHNELL FL 33513			
2. Principal Place of Business 21. Sure, Apt. #, etc. 22. City & State 23. Zip 24. Country					
2a. Mailing Address 25. Sure, Apt. #, etc. 26. City & State 27. Zip 28. Country					
3. Date Incorporated or Qualified 03/18/1998					
4. FEI Number 59-3501156					
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. ☒ Yes ☐ No					
9. Name and Address of Current Registered Agent PONDER, CHARLES J 2667-B N. FLORIDA AVENUE HERNANDO FL 34442			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP DPST LAMB, ROBERT G 7595 WC HIGHWAY 48 BUSHNELL FL 33513					
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE					
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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.					
SIGNATURE: [Signature] REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

6/30/99 353-568-3248

CR2034 (5/89)

8/13/99 (2)

To Whom it may Concern:

Dear Sir OR MAM,

I injured both of my arms
by pulling the tendons in my
right wrist and stretched the
main leader in my left arm
I was out of work for January,
February, March and part of April 99.,
in my frustration of trying to pay
bills and get back to work I
misplaced and completely forgot to
refile for my business application
and due to learning how and
ignorance I just have discovered
that I owe an additional \$400.00
dollars, which I don't have.,
So I'm pleading with you to
excuse me of this additional late
charge which I honestly don't have.
Any consideration you give this request
will be deeply appreciated

Sincerely Robert Gerald Lamb
Lamb Masonry and Concrete Inc.