

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000041612**
Corporation Name
CENTRAL FLORIDA CONCRETE PUMPING, INC.

Principal Place of Business
**38 SE 150TH STREET
SUMMERFIELD FL 34491**

Mailing Address
**3688 SE 150TH STREET
SUMMERFIELD FL 34491**

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90007 043 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 593510421	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SUKOW, RONALD 3688 SE 150TH STREET SUMMERFIELD FL 34491				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

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	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. NAME		2. ADDRESS		1.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
3. CITY-STATE-ZIP		4. DELETED		1.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
5. DELETED		6. DELETED		1.3 STREET ADDRESS		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
7. DELETED		8. DELETED		1.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
9. DELETED		10. DELETED		2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
11. DELETED		12. DELETED		2.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
13. DELETED		14. DELETED		2.3 STREET ADDRESS		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
15. DELETED		16. DELETED		2.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
17. DELETED		18. DELETED		3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
19. DELETED		20. DELETED		3.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
21. DELETED		22. DELETED		3.3 STREET ADDRESS		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
23. DELETED		24. DELETED		3.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
25. DELETED		26. DELETED		4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
27. DELETED		28. DELETED		4.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
29. DELETED		30. DELETED		4.3 STREET ADDRESS		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
31. DELETED		32. DELETED		4.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
33. DELETED		34. DELETED		5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
35. DELETED		36. DELETED		5.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
37. DELETED		38. DELETED		5.3 STREET ADDRESS		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
39. DELETED		40. DELETED		5.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
41. DELETED		42. DELETED		6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
43. DELETED		44. DELETED		6.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
45. DELETED		46. DELETED		6.3 STREET ADDRESS		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
47. DELETED		48. DELETED		6.4 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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 REQUIRED
Signature and typed or printed name of signing officer or director
9/18/99 352-347-5810

CR2E034 (5/99)