

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90182 022 ***150.00

DOCUMENT # **P98000047612**

1. Corporation Name

OLMSTEAD & SONS CONCRETE, INC.

Principal Place of Business

**6331 S.W. 41ST STREET
DAVIE FL 33314**

Mailing Address

**6331 S.W. 41ST STREET
DAVIE FL 33314**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1998

4. FEI Number

65-0859303

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** County

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

9. Name and Address of Current Registered Agent

**DARLENE NELSON-OLIPHANT, C.P.A.
2071 S.W. 70TH AVENUE, SUITE G8
DAVIE FL 33317**

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRES. & TREAS.

☐ Change

☒ Addition

1.2 NAME

RONALD OLMSTEAD

1.3 STREET ADDRESS

6331 SW 41ST STREET

1.4 CITY-ST-ZIP

DAVIE, FL 33314

2.1 TITLE

SR. VICE PRESIDENT

☐ Change

☒ Addition

2.2 NAME

STEVE LITTON

2.3 STREET ADDRESS

8067 NW 10TH STREET

2.4 CITY-ST-ZIP

PLANTATION, FL 33322

3.1 TITLE

SECRETARY

☐ Change

☒ Addition

3.2 NAME

KELLY J. OLMSTEAD

3.3 STREET ADDRESS

6331 SW 41ST STREET

3.4 CITY-ST-ZIP

DAVIE, FL 33314

4.1 TITLE

VICE PRESIDENT

☐ Change

☒ Addition

4.2 NAME

RICHARD CURTIN

4.3 STREET ADDRESS

6331 SW 41ST ST.

4.4 CITY-ST-ZIP

DAVIE, FL 33314

5.1 TITLE

VICE PRESIDENT

☐ Change

☒ Addition

5.2 NAME

JUAN ROZADA

5.3 STREET ADDRESS

5721 SW 40TH ST.

5.4 CITY-ST-ZIP

HOLLYWOOD, FL 33023

6.1 TITLE

VICE PRESIDENT

☐ Change

☒ Addition

6.2 NAME

RICHARD LEE

6.3 STREET ADDRESS

6711 LEE STREET

6.4 CITY-ST-ZIP

HOLLYWOOD, FL 33024

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/99 954-584-1471

CR2E034 (11/98)