Mar 31, 1999 8:00 am Secretary of State

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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

DOCUMENT # P98000054282

SOMETHING CONCRETE, INC.

| Principal Place of Business Mailing Address | | | | | | | |
|---|--|---|-------------------------|--|---|---|-----------------------------------|
| 1304 SOUTH ORANGE AVENUE SARASOTA FL 34239 | | 1304 SOUTH ORANGE AVENUE SARASOTA FL 34239 | | | | | |
| | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 06/17/1998 | | ł |
| 2 Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | 1/ | Applied For |
| 21 26 | | | • | | 65-0849594 | h-+- | Not Applicable |
| Suite: Apt. #, etc | | Suite, Apt. #, etc. | | | Certifcate of Status Desired | \$8.75 | Additional |
| 22 | | 27 | | 5. Certifcate of Status Desired | ~~Fee F | Required | |
| City & State | | City & State | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | · · | 28 | | | Trust Fund Contribution | Added | d to Fees |
| Zip | Country | Zip | Countr | y | 8. This corporation owes the current year | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | X Yes | □No |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Register | red Agent | |
| DARNELL, ROBERT W | | | 81 | Name | | | |
| | | | 82 | Street Add | fress (P.O. Box Number is Not Acceptable) | ess (P.O. Box Number is Not Acceptable) | |
| 2033 MAIN STREET | | | \ | | , , , , , , , , , , , , , , , , , , , | | |
| SUITE 400 | | | 83 | 3 | , in the second of the second | | |
| - SARASOTA FL 34237 | | | 84 | City | | 85 Zir | p Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, | | | \ | \ · · | - | FL | |
| office or r | registered agent, or both, in the State of im familiar with, and accept the obligat | of Florida. Such change was au | ithorized by | / tne corporat | ion's position directors. Thereby accept the al | ppolitiment as | registered |
| OIGHTHORE | Signature, typed or printed name of registered agent | | | ent signature requir | ed when reinstating) DATE | | TODO (N. 12 |
| 12. | OFFICERS AN | | 13. | | ADDITIONS/CHANGES TO OFFICERS | S AND DIRECT | |
| TITLE | D . | ☐ DELETE | 1.1 TITLE | | | | |
| NAME | HODEIHOOH, GEEN E | | 1.2 NAME | | | | Ì |
| STREET ADDRESS | 1304 SOUTH ORANGE AVENU | Ė. | | ET ADDRESS | | |) |
| CITY-ST-ZIP | | | 1.4 CITY- | ST-ZIP | | . Change | e Addition |
| TITLE | Vice i resident | | 2.1 TITLE | 1 | | , | , , , , , , , , , , , , , , , , , |
| NAME | IVIS. Ellell Willineyel | | 2.2 NAME | | | | |
| STREET ADDRESS | 554 Magerian Dr. | | | ET ADDRESS | | | j |
| CITY-ST-ZIP | Sarasota, FL 34243 | | 2. 4 CITY | | | Change | e Addition |
| TITLE | | ← verei e | 3.1 TITLE | | | | |
| NAME |] | | 3.2 NAME | 1 | | | ļ |
| STREET ADORESS | Ì | | | ET ADDRESS | | | ļ |
| CITY-ST-ZIP | | [] DELETE | 3.4. CITY- 4.1 TITLE | | | ☐ Change | je 🗀 Addition |
| TITLE | | € DELETE | 4.1 IIILE 4. 2 NAME | | | | |
| NAME | | | | - 1 | | | |
| STREET ADDRESS | | | | ET ADORESS | | |) |
| CITY-ST-ZIP | | ☐ DELETE | 4.4 CITY- 5.1 TITLE | | | ☐ Chang | e [] Addition |
| TITLE | | | 5.1 IIILE 5.2 NAME | ı | | | |
| NAME | i | | V.2 WVIL | · I | | | ļ |

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

Addition