PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90140 010 ***150.00

DOCUMENT # P98000055280 1. Corporation Name DEHAVEN CONCRETE, INC.											
Principal Place of Business Mailing Address								יוושט ונוטו ופוסו שוו ותשוועשו ו	1 11+1 11 11+11 11+11+11	ישקוי פוונק נפווק	18111 1811 1891
2223 WEST LEE WYN DR. SARASOTA FL 34240			2223 WEST LEE WYN OR. SARASOTA FL 34240					DO NOT WE	RITE IN THIS	SPACE	
							İ	3. Date Incorporated or Qualife 06/19/1998	0 (GN#)		
Principal Place of Business The state of Business The state of Business			2a. Mailing Address 26) 4	5 - 084595	3	No	plied For t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5	i. Certifcate of Status Desired		\$8.75 A Fee Re	
City & State			City & State				6	 Election Campaign Financing Trust Fund Contribution 	³	\$5.00 Added t	- 1
Zip	Country 25	29	Zip	30 Cc	untry		8	 This corporation owes the cu Personal Property Tax. 	irrent year In	tangible	□No
	9. Name and Address of Curre	ent Regi	stered Agent				10). Name and Address of New	Registered	Agent	
SAR	to the provisions of Sections 607.01 egistered agent, or both, in the Statem familiar with, and accept the obliging	e of Flori	ida. Such change was a	uthorize	a by	the corpo	corporation's b	on submits this statement for the board of directors. I hereby account	FL ee purpose of ept the appo	85 Zip 0	registered
Signature, typed or printed name of registered agent and title if applicable. (No				Registered Agent signature requ			equired when		DATE		
12.	OFFICERS A	ND DIR		13		—		ADDITIONS/CHANGES TO C	FFICERS A	ND DIRECTO	RS IN 12
NAME STREET ADDRESS	DP DEHAVEN, ROBERT D 2223 WEST LEE WYN DR. SARASOTA FL 34240		☐ DELETE	1.2 1.3	TITLE NAME STREE CITY-S	TADORESS				Change	
CITY-ST-ZIP	DST		☐ DELETE	_	TITLE	1-211				Change	Addition
TITLE	DEHAVEN, GLORIA S		□ occeie		NAME						
NAME STREET ADDRESS	2223 WEST LEE WYN DR.		2.3 STREET AD							-	
	SARASOTA FL 34240				2. 4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	DELETE			_	31 TITLE					Change	☐ Addition
NAME				3.2	NAME						
STREET ADDRESS			3.3	3.3 STREET ADDRESS							
CITY-ST-ZIP				3.4.	CITY-S	ST-ZIP					
TITLE	- h		☐ DELETE	4.1	TITLE					Change	Addition
NAME				4. 2	NAME						{
STREET ADDRESS				4.3	STREE	T ADDRESS					\

4.4 CITY-ST-ZIP CITY-ST-ZIP Change □ DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 an attachment with an address, with all other like empowered.

SIGNATURE:

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