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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000059337

1. Corporation Name

CAPITAL CONCRETE OF JACKSONVILLE, INC.

99 JAN 13 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4004 DEMERY DRIVE WEST JACKSONVILLE FL 32250		Mailing Address 4004 DEMERY DRIVE WEST JACKSONVILLE FL 32250	
2. Principal Place of Business 21 14540 Stacey Rd. Suite, Apt. #, etc.		2a. Mailing Address 26 14540 Stacey Rd. Suite, Apt. #, etc.	
22 City & State 23 Jacksonville, FL Zip 32250 Country USA		28 City & State 29 Jacksonville, FL Zip 32250 Country USA	
9. Name and Address of Current Registered Agent MATTHEWS, THOMAS R JR 4004 DEMERY DRIVE WEST JACKSONVILLE FL 32250		10. Name and Address of New Registered Agent 81 Name Thomas R. Matthews 82 Street Address (P.O. Box Number is Not Acceptable) 83 14540 Stacey Rd. 84 City Jacksonville FL 85 Zip Code 32250	
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 Thomas R. Matthews, President DATE 1/11/99 (NOTE: Registered agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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		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		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		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		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		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 in an attachment with an address, with all other the empowered.

SIGNATURE:

Thomas R. Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 904-223-1424
Date Daytime Phone #

004409

CR2E034 (11/98)