

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 # P98000060635

1. Corporation Name

ADVANCED CONCRETE, INC.

Principal Place of Business

611 N. WINTER PARK DR.
CASSELBERRY FL 32707

Mailing Address

611 N. WINTER PARK DR.
CASSELBERRY FL 32707

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90003 011 ***476.25



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1998

4. FEI Number

59-3527295

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 2096 Marquette Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 2096 Marquette Ave
Suite, Apt. #, etc.

City & State

23 Sanford FL

Zip Country

24 32773 25 US

City & State

28 Sanford FL

Zip Country

29 32773 30 US

9. Name and Address of Current Registered Agent

KP&L SERVICES, INC.
390 N. ORANGE AVE., SUITE 600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name Debbie A. Glaspey
82 Street Address (P.O. Box Number is Not Acceptable)
2096 Marquette Ave
83
84 City Sanford FL 85 Zip Code 32773

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 Debbie A. Glaspey

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

(NOTE: Registered Agent signature required when reinstating)

4-29-99

DATE

12. OFFICERS AND DIRECTORS

TITLE President/Secretary/Treasurer ☐ DELETE
NAME Debbie Glaspey
STREET ADDRESS 2096 Marquette Ave
CITY-ST-ZIP Sanford, FL 32773

TITLE Vice President ☐ DELETE
NAME Bruce Glaspey
STREET ADDRESS 2096 Marquette Ave
CITY-ST-ZIP Sanford, FL 32773

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Debbie A. Glaspey Debbie A. Glaspey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

407-323-3357

Daytime Phone #

CR2E034 (1/98)

0066309