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Secretary of State

04-20-1999 90145 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000061224			
1. Corporation Name TOLER CONCRETE INCORPORATED			
Principal Place of Business 2386 URSULA AVE. PENSACOLA FL 32526		Mailing Address 2386 URSULA AVE. PENSACOLA FL 32526	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
3. Date Incorporated or Qualified 07/10/1998		4. FEI Number 59-3165407	
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable	
6. Election Campaign Financing ☐		\$8.75 Additional Fee Required	
7. Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No		9. Name and Address of Current Registered Agent TOLER, MELVIN A 2386 URSULA AVE. PENSACOLA FL 32526	
10. Name and Address of New Registered Agent		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.		DATE (NOTE: Registered Agent signature required when reappointing)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE Owner		1.1 TITLE ☐ Change ☐ Addition	
1.2 NAME Melvin A Toler		1.2 NAME	
1.3 STREET ADDRESS 2386 URSULA LN.		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP Pensacola, FL 32526		1.4 CITY-ST-ZIP	
2.1 TITLE ☐ DELETE		2.1 TITLE ☐ Change ☐ Addition	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE ☐ DELETE		3.1 TITLE ☐ Change ☐ Addition	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE ☐ DELETE		4.1 TITLE ☐ Change ☐ Addition	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE ☐ DELETE		5.1 TITLE ☐ Change ☐ Addition	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE ☐ DELETE		6.1 TITLE ☐ Change ☐ Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		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 officers empowered.

SIGNATURE: *[Signature]* **REQUIRED**

Date

Daytime Phone #

4-15-99

CR2E034 (1/78)