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93 FEB - 3 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R & B CONCRETE ERECTORS, INC.

[illegible]

3. Date Incorporated or Qualified

07/20/1998

4. F.E.I. Number

650 85 2635

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

☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

PREWETT, DANIEL L
5777 BENEVA ROAD S
SARASOTA FL 34233

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

[85] Zip Code

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

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	U.P.
NAME	HOLSKE, WILLIAM	12 NAME	Holske, Suzanne
STREET ADDRESS	3576 JUNCTION STREET	13 STREET ADDRESS	3576 Junction St.
CITY-ST-ZIP	NORTH PORT FL 34286	14 CITY-ST-ZIP	North Port, FL 34286
TITLE	D	21 TITLE	
NAME	MELLOR, RANDY J	22 NAME	
STREET ADDRESS	3576 JUNCTION STREET	23 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL 34286	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

1-25-99 (423-9891)

CR2E034 (11/98)