## 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 # P98000075282

1. Corporation Name

NAPLES CONCRETE CONNECTION, INC.

## Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90047 027 \*\*\*158.75



Principal Place	e of Business	Mailing Address							
871 16TH STREET N.E. 871 16TH STREET N.E.									
NAPLES FL 34120 NAPLES FL 34120						DO NOT WRITE IN THIS SPACE			
					3. D	ate Incorporated or Qualifed			
					1 -	8/28/1998	_		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FI	El Number		A	pplied For
21 1495	lail Head Bluc	26 1495 Rail L	<u>عوم</u>	10 D	<u>vc 5'</u>	1-353438 <sup>1</sup>	<u> </u>		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. C	ertifcate of Status Desired			Additional equired
22 Suite 10 27 Suite City & State						lection Campaign Financing			May Be
├¬ /ヾ\	les Fl	28 Naples, RI	\			rust Fund Contribution		-	to Fees
Zip Zip	Country		Country		8. TI	his corporation owes the cui	rrent year Inta	ngible	
243411	O 25 USC	29 24110 30	<u>u</u> :	<u> </u>		ersonal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. N	ame and Address of New	Registered A	gent	
BVD	D KELLY I		81	Name					
BYRD, KELLY J 871 16TH STREET N.E.					ddress (P.O	. Box Number is Not Accep	table)		
NAP		83	ļ						
1,000									
			84	City			FL	85   Zip	Code
l office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was author	rızed by	the corpor	corporation s ration's boar	submits this statement for the difference of directors. I hereby access	ept me appom	:hanging its tment as re	; registered egistered
	Signature, typed or printed name of registered ager			t signature rec	quired when reins	stating) DDITIONS/CHANGES TO O	DATE AND	D DIDECT	ODE IN 12
12.			13. 1.1 TITLE		AL	DUTTONS/CHANGES TO U	Fricers AN	Change	☐ Addition
TITLE	D   Byrd, Kelly J		1.2 NAME					_ •	_
NAME STREET ADDRESS	AND AND ADDEED NO			ADDRESS					
CITY-ST-ZIP	NAPLES FL 34120		1.4 CITY-S						
TITLE	7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	·—·—	2.1 TITLE					Change	☐ Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET	T ADDRESS					
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP				Chagge	□ Addition
TITLE			3.1 TITLE	}				Change	Addition [
NAME			3.2 NAME	* * * * * * * * * * * * * * * * * * * *					
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CITY-ST-ZIP			3.4, CITY-5 4.1 TITLE	11-4IF				Change	Addition
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STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			4.4 CITY-S						
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME		]	5.2 NAME	Ì					
STREET ADDRESS		•		TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T- ZIP				F7.05	□ Addis-
πιε			6.1 TITLE	}				Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS		1		T ADDRESS					
OUT OF THE	1		6.4 CITY-S	1-715					,

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: