## 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 # P98000078920

1. Corporation Name

DOWNER'S CONCRETE & CONSTRUCTION, INC.

Principal Place	e of Busines:	s	M	Mailing Address									
1351 POLK AVENUE DELTONA FL 32738				1351 POLK AVENUE									
				DELTONA FL 32738					DO NOT WRITE IN THIS SPACE				
			<del></del>				_=====		3. Date Incorporated or Qualifed 09/08/1998				
2. Principal P	lace of Busin	ness	2a.	. Mailing Ad	Idress		-		4. FEI Number		App	lied For	
21				26					5935 30379		Not	Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A		
22				27					C. Commodo di Cimita		Fee Red	<del></del>	
City & State				City & State					6. Election Campaign Financing		\$5.00		
23				Zip Country					Trust Fund Contribution		Added to	rees	
Zip	Country			<b>⊢</b> '			у	8. This corporation owes the current year Intangible Personal Property Tax. Yes \(\sum_{\text{N}}\) No				⊓No Ì	
24	9. Name and Address of Current I			29 30			10. Name and Address of New Registered Agent					-	
-	<u>9. мате</u>	and Address of C	urrent Kegis	stereu Ager		84	1 Nam	e	To. Italic and Justice of the			****	
DOW	NER, TIMO	THY R				82	<u></u>						
1351 POLK AVENUE							2 Stree	et Addre	dress (P.O. Box Number is Not Acceptable)				
DELTONA FL 32738							3				<u> </u>		
						<u> </u>					las Zin C	·odo	
						84	4 City			FL	85 Zip C	ode	
office or r agent. I a	renisteren an	sions of Sections 60 lent, or both, in the ith, and accept the	State of Florid	da. Such ch	ande was autr	iorizea bi	v tne co	ed corpo rporation	ration submits this statement for the n's board of directors. I hereby acce	purpose of pt the appoi	changing its in the character of the cha	registered listered	
SIGNATURE	Signature, typed	d or printed name of registe	red agent and title	if applicable.	(NOTE: R	egistered Age	ent signatu	re required	when reinstating)	DATE			
12.		OFFICE	RS AND DIRE			13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	D				DELETE	1.1 TITLE		1	•		☐ Change	☐ Addition	
NAME	i .	R, TIMOTHY R				1.2 NAME							
STREET ADDRESS	1	LK AVENUE				1.3 STREE	ET ADDRES	SS				ļ	
CITY-ST-ZIP	t _	A FL 32738		<del></del>	l on pre	1.4 CITY-		<del></del>			☐ Change	Addition	
TITLE	D			L	DELETE	2.1 TITLE					☐ Origings		
NAME		R, RUTH E				2.2 NAME		_					
STREET ADDRESS		LK AVENUE					2.3 STREET ADDRESS						
CITY-ST-ZIP	t _	A FL 32738			) DELETE	2.4 CITY- 3.1 TITLE		+			Change	Addition	
TITLE	D	AL THOMAS I VA	IM		JULLETE	3.2 NAME							
NAME		n, Thomas Lyn Ril Avenue	114				Et addre:					ĺ	
STREET ADDRESS CITY-ST-ZIP		A FL 32725				3.3 STRE		~					
TITLE	DELIGIT	TTE OEI EO			DELETE	4.1 TITLE					☐ Change	☐ Addition	
NAME				and the second	معون والرجاوية	4. 2 NAM	£ . ,			- ·			
STREET ADDRESS						4.3 STRE	ET ADDRES	ss					
CITY-ST-ZIP						4.4 CITY-	ST-ZIP						
TITLE					) DELETE	5.1 TITLE					☐ Change	☐ Addition	
NAME	1					5.2 NAME				-			
STREET ADDRESS		•				5.3 STRE	ET ADDRE	ss					
CITY-ST-ZIP						5.4 CITY-						PT 4 4 PP -	
TITLE	*	11.5			DELETE	6.1 TITLE					Change	Addition	
	l " ' '	•				6.2 NAME		- 1					

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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.

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90034 006 \*\*\*150.00