

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

FILED
 99 APR 13 PM 4:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P98000089745
 1. Corporation Name
TIMOTHY WASHINGTON CONCRETE FINISHING, INC.

Principal Place of Business: **4495 SHELFER RD #300 TALLAHASSEE FL 32310**
 Mailing Address: **4495 SHELFER RD #300 TALLAHASSEE FL 32310**

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

9. Name and Address of Current Registered Agent
WASHINGTON, TIMOTHY
4495 SHELFER RD #300
TALLAHASSEE FL 32310

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 officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I, the undersigned, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title of applicant

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	WASHINGTON, TIMOTHY A	
STREET ADDRESS	4495 SHELFER RD #300	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	V	[] DELETE
NAME	FOOTMAN, AMOS	
STREET ADDRESS	GLENDIN DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	T	[] DELETE
NAME	NORTON, KENNETH	
STREET ADDRESS	CONTINENTAL DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	C	[] DELETE
NAME	COLSON, WILBERT	
STREET ADDRESS	RT. 2 BOX 205	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. Name and Address of New Registered Agent

81 Name: _____
 82 Street Address (P.O. Box Number is Not Acceptable): _____
 83 _____
 84 City: _____ FL 85 Zip Code: _____

3. Date first operated or Qualified: **10/21/1998**

4. FEI Number: **59-3540180** 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 owns the current year Intangible Personal Property Tax: [] Yes [] No

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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******150.00 ****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: *T. Washington*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-99 212-5349

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