

FILE NOW: FILING FEE AFTER MAY 1ST IS \$580.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**

 FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000090664**

 1. Corporation Name  
**FLORIDA CONCRETE OF ORLANDO, INC.**

## Principal Place of Business

 899 W. LANCASTER RD., #7  
 ORLANDO FL 32809

## Mailing Address

 999 W. LANCASTER RD., #7  
 ORLANDO FL 32809


DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

10/23/1998

## 4. FEI Number

59-3537236

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 ☐ No

## 9. Name and Address of Current Registered Agent

 TAYLOR, ROSEMARIE  
 6632 HARVEY ST.  
 ORLANDO FL 32809

## 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

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

*Rose Marie Taylor*

(NOTE: Registered Agent signature required when reinstating)

1-13-99

DATE

## 12. OFFICERS AND DIRECTORS

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | D                 | <input type="checkbox"/> DELETE |
| NAME           | TAYLOR, JAMES     |                                 |
| STREET ADDRESS | 6632 HARVEY ST.   |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32809  |                                 |
| TITLE          | D                 | <input type="checkbox"/> DELETE |
| NAME           | TAYLOR, ROSEMARIE |                                 |
| STREET ADDRESS | 6632 HARVEY ST.   |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32809  |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

## 13.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 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)(l), 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:

 SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1-13-99

Date

857-0698

Daytime Phone #

CR2E034 (11/98)