

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
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90032 015 ***150.00

DOCUMENT # P98000090711

1. Corporation Name
SPARR CONCRETE, INC.

Principal Place of Business
230 N.E. 25TH AVENUE
OCALA FL 34470

Mailing Address
230 N.E. 25TH AVENUE
OCALA FL 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/23/1998

4. FEI Number
59-3550366
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

2. Principal Place of Business
21. SPARR CONCRETE, INC.
Suite, Apt. #, etc.
22. 12871 N.E. 7TH AVE.
City & State
23. CITRA FLORIDA.
Zip Country
24. 32113 25. U.S.A.
2a. Mailing Address
26. SPARR CONCRETE, INC.
Suite, Apt. #, etc.
27. 12871 N.E. 7TH AVE.
City & State
28. CITRA, FLORIDA
Zip Country
29. 32113 30. U.S.A.

9. Name and Address of Current Registered Agent

DEAN, JONATHAN S
230 N.E. 25TH AVENUE
OCALA FL 34470

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TAYLOR, DAVID C
230 N.E. 25TH AVENUE
OCALA FL 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TAYLOR, GUDA
230 N.E. 25TH AVENUE
OCALA FL 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P.
TAYLOR, DAVID C.
18901 E. STATE RD. 40. #36.
SILVER SPRINGS 34488. ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
T.S.
TAYLOR, GUDA.
18901 E. STATE RD. 40. #36.
SILVER SPRINGS, FL. 34488. ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/99. (352) 629-0980

0495277

CR2F034 (1/1998)