

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE

Suzanne B. Martinson

Secretary of State

770 S. flagler drive, miami, fl 33130

APPROVED  
AND  
FILED

DOCUMENT # **S22169**

(4)

CONCRETE SYSTEMS, INC.

1. Name of Business

8323 ARCOLA AVENUE  
HUDSON FL 34667

2. Mailing Address

8323 ARCOLA AVENUE  
HUDSON FL 34667

95 MAY -1 PM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized	3a. Date of Last Report
<b>12/31/1990</b>	<b>02/25/1994</b>
4. EIN Number	Applied For <b>59-3044260</b> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under G. 199-032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MONIGOLD, THOMAS  
8323 ARCOLA AVE  
HUDSON FL 34667

10. Name and Address of New Registered Agent

81. Name	FL	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)		
83.		
84. City	86.	Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1908, 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 607.0605, Florida Statutes.

SIGNATURE: *JOSEPH T. MONIGOLD, P.R.E. (Joe Monigold)* 1-13-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IF ANY	
11.1	D MONIGOLD, JOSEPH T. 8323 ARCOLA AVENUE HUDSON FL	11.1 NAME 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2		11.5 NAME 11.6 NAME 11.7 STREET ADDRESS 11.8 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.3		11.9 NAME 12.0 NAME 12.1 STREET ADDRESS 12.2 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.4		12.3 NAME 12.4 NAME 12.5 STREET ADDRESS 12.6 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.5		12.7 NAME 12.8 NAME 12.9 STREET ADDRESS 12.10 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6		13.1 NAME 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.7		13.5 NAME 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.8		13.10 NAME 13.11 NAME 13.12 STREET ADDRESS 13.13 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.9		13.15 NAME 13.16 NAME 13.17 STREET ADDRESS 13.18 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10		13.19 NAME 13.20 NAME 13.21 STREET ADDRESS 13.22 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 109.07(4), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature and those of the other officers and directors certifies that they are all members of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 or Block 2 of the signature block or affidavit with all addresses.

SIGNATURE: *Joe Monigold* *4/20/95*  
*JOSEPH T. MONIGOLD* *813-868-9157*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR