

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 22, 1999 8:00 am  
Secretary of State

04-22-1999 90109 013 \*\*\*150.00

DOCUMENT # S32490

1. Corporation Name  
ALLPURPOSE CONCRETE, INC.

Principal Place of Business  
2511 NW 16TH LN  
BAY 4  
POMPANO BCH FL 33064  
US

Mailing Address  
641 NW 20TH ST  
POMPANO BCH FL 33060  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/18/1991

4. FEI Number  
65-0250852

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 2511 N.W. 16th Lane bay 4  
Suite, Apt. #, etc.  
22 Pompano Beach, Fl.  
City & State  
23 33064  
Zip  
24 33064 Country  
25 Broward

2a. Mailing Address  
26 641 N.W. 20th St.  
Suite, Apt. #, etc.  
27 B1  
City & State  
28 Pompano Beach, Florida  
Zip  
29 33060 Country  
30 Broward

9. Name and Address of Current Registered Agent

MORGAN, LONNIE  
641 N.W. 20TH STREET  
POMPANO BLEACH FL 33060

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	MORGAN, LONNIE	621 NW 69TH AVE	POMPANO BCH FL	<input type="checkbox"/>
VP	MORGAN, JEFFERY	2246 JACKSON ST	HOLLYWOOD FL	<input checked="" type="checkbox"/>
S	MORGAN, MURIEL	641 NW 20TH ST	POMPANO BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		641 N.W. 20th St	Pompano Beach, Fl. 33060	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	LISA Richard	641 N.W. 20th St	Pompano Beach, Fl. 33060	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Lonnie Morgan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99- 954 9410192  
Date Daytime Phone #

CR2E034 (1/198)

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