

1-24-97 B-660 -C

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 24 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S36092

(2)

1. Corporation Name:

DON KING'S CONCRETE, INC.

Principal Place of Business

Mailing Address

1000 BECKSTROM DR.
OVIEDO FL 327651000 BECKSTROM DR.
OVIEDO FL 32765-5913

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1991		3a. Date of Last Report 03/19/1996	
21 451-A Aulin Ave		26 451-A Aulin Ave		4. FEI Number 59-3063863		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Oviado FL		28 Oviado, FL		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 32765		25 USA		29 32765		30 USA	
24 32765		25 USA		29 32765		30 USA	

9. Name and Address of Current Registered Agent

KING, DONALD O.
1000 BECKSTROM DR.
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	451-A Aulin Ave
83	
84 City	Oviado
85 Zip Code	FL 32765

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Don King
NAME	KING, DONALD O.	1.2 NAME	1651 Sultan Dr
STREET ADDRESS	1000 BECKSTROM DR.	1.3 STREET ADDRESS	Chuluota, FL 32766
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97 407-977-9001

Date

Daytime Phone

CR2E034 (9/96)