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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(0)

DOCUMENT #

1. Corporation Name

M.C.C. CONCRETE RECYCLING, INC. Principal Place of Business Mailing Address 3200 MULFORD ROAD MULBERRY FL 33860 MULBERRY FL 33860									
						3. Date incorporated or Qualified 03/29/1991	3a. Date	e of Last Re 05/11/19	port 195
2. Principal Place	e of Business	2a. Mailing Address			4. FET Number 59-3055978	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip Country				8. This corporation has liability for	intangible t		
4	9. Name and Address of Curren	29 Agent	30	T		10. Name and Address of New F		Agent	
	y, Name and Address of Curren	it neglisteren Agent		81	Name			T	
3200 MU	rd, andy Jlford Road Rry Fl 33860	82 Street Add			Street Addre	ess (P.O. Box Number is Not Acceptat	(ek		
				84	City		Fl	85 Z	o Code
OLONIATURE	gnature, typed or printed had elot registered a jed			d Agent s		ation submits this statement for the purit of of directors. Thereby accept the appropriate of the purities of	DATE	D DIRECTO	
TITLE	D	DELETE	1 1	TITLE				Change	Addition
NAME	MULFORD, ANDY		127	NAME					
STREET ADDRESS	6314 WOODHAVEN DRIVE		135	STREET AS	DORESS				
CITY-ST-ZIP	LAKELAND FL			CITY-ST	ZIP			Change	Addition
titL€	CICI, LOUIS	DELETE		THLE				Change	L] Addition
NAME	4015 HIGHWAY 92 WEST			NAME - INSELL III	0.00553				
STREET ADDRESS	PLANT CITY FL			STREET A CITY-ST-					
CITY-ST-ZIP TITLE		[] DELETE		TITLE	ZIF			Change	Addition
NAME		—	32	NAM(
STREET ADDRESS			3 3	STHEET A	ADORESS				
CITY - ST - ZIP			3.4	CITY ST	- ZIP				
0111 01 211			4 1	THILE				☐ Change	☐ Addition
TITLE		DELETE							
		["] DETEIE	4.2	NAME					
NAME		[] DELETE		NAME Street a	DORESS				
NAME STREET ADORESS			43	STREET A					□ Addios
NAME STREET ADDRESS CITY - ST-ZIP		☐ DELETE	43 44 5 1	STHEET A CHY-ST THLE				Change	☐ Addition
NAME STREET ADDRESS CITY - ST-ZIP			43 44 5 1 5 2	STHEET A CHY-ST THLE NAME	· 21F			Cnange	☐ Addition
NAME STREET ADDRESS CITY+ST-ZIP TITLE			43 44 51 52 53	STHEET A CITY - ST TUTLE NAME STHEET A	ZIP NODRESS			☐ Cnange	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	43 44 5 1 52 53	STHEET A CITY - ST TITLE NAME STHEET A CITY ST	ZIP NODRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			4 3 4 4 5 1 5 2 5 3 5 4 6 1	STHEET A CHY-ST THLE NAME STHEET A CHY-ST	ZIP NODRESS			☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	43 44 51 52 53 54 61	STHEET A CHY-ST THEE NAME STHEET A CHY-ST THEE NAME	-ZIP NODRESS -ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	43 44 5 1 52 53 54 61 62	STHEET A CHY-ST THEE NAME STHEET A CHY-ST THEE NAME	- ZIP ADDRESS - ZIP ADDRESS				

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 allact that my name address

SIGNATURE: CONTROL OF SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-96 941-425-2824