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



COF ANNU	PROFIT RPORATION JAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					Apr 09 1997 8:00am Secretary of State			
	MENT # S4981 ER CONCRETE, INC.	0	(2)							<u> </u>	
Principal Place 274 CHESTNUT ORANGE CITY US	AVENUE	274 CH	Mailing Address 274 CHESTNUT AVENUE ORANGE CITY FL 32763-6021 US								
							}	 Date incorporated or Qualifie 04/29/1991 	ſ	Date of Last Re 04/16/1996	eport i
2. Principal P	lace of Business	2a. Ma	iling Address			*		4. FEI Number 59-3060972		Ap	plied For t Applicable
Suite, Apt	#, etc.		te, Apt. #, etc.					Certificate of Status Desired		\$8.75 A	dditional
City & State	P	27 City	/ & State					Election Campaign Financing		Fee Re-	<u></u>
23		28						Trust Fund Contribution		Added to	
Ζιρ 24]	Country 25	29 Zip		30 Cou	intry			8. This corporation has liability Florida Statutes		ible tax under s.	199.032,
	9. Name and Address of Curr							10. Name and Address of New			
	TCHER, GLENN				81	Name)
274 CHESTNUT AVENUE ORANGE CITY FL 32763					82	Street /	Addres	s (P.O. Box Number is Not Accep	table)		
OIV	MOE OILL LE 25102				В3				· · · · · · · · · · · · · · · · · · ·		
					84	City		····		85 Zip C	Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Stim familiar with, and accept the ob	ate of Florida. S	Such change was a	uthorize	d by	the corp	corpor	ation submits this statement for the board of directors. I hereby ac	e purpos	e of changing its	registered registered
SIGNATURE	Signature Typed or printed name of registered	agent and tice if app	Icable (NO18	Registere	J Age	nt signature	required	when reinstating)	DAT	E	
12.	y	AND DIRECTOR		13.				ADDITIONS/CHANGES TO OF	FICERS A		
TOLE	PD Fletcher, Glenn		☐ DELETE	1.1 TIFLE 1.2 NAME		ļ				L Change	Addition
NAME STREET ACORESS	274 CHESTNUT AVENUE					ADDRESS					
City - S1 - Zii-	ORANGE CITY FL					T-ZIP	<u> </u>)
FILE			DELETE	2.1 ₹(☐ Change	Addition
NAME CANCEL FOREIGN	il:			22 N		AD DOCCO]
STREET ADDRESS CITY - ST - ZIP						ADDRESS ST-ZIP					
TITLE			DELETE	3.1 11		<u> </u>	·		·	Change	Addition
NAME				3.2 N							•
STREET ADDRESS				•		ADDRESS					}
CITY-S1-2IP TILLE			DELETE	3 4. C		T-ZIP				Change	Addition
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STREE! ADDRESS				4.3 S	REET	ADDRESS					İ
CITY-SI-ZIP			DECTE		TY-S	T-ZIP				Change	Addition
TILE			DELETE	5.1 TI 5.2 N						Change	LI Addition
NAME STREET ADDRESS				1		ADDRESS					}
City-St-7iP					TY-S						1
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NAME				6.2 N							
STREET ADDRESS				1		ADDRESS					ĺ
CITY S1 - ZIF	l			64 C	1Y-S	I - ZSP	L <u>., </u>	·			

14. I do hereby certify that the information supplied with this filing does not qualify for the semption 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 truinged, or on an attachment with an address.

Daytime Phone #

FILED

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