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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

l	ANNUAL REPORT Secreta		of State ORPORATIONS	Secretary of State		
1. Corporatio	MENT # S6241 T CONCRETE CONTRACT	\ /		·		
Principal Place of Business Mailing Address 448 LORRAINE DRIVE 9727 N. KOHER RD. E.						
FT MYERS FL 	. 33905	SYRACUSE IN 46567	SYRACUSE IN 46567		DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified 06/26/1991		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 65-0270000	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees	
24	25	29	30	This corporation owes or has particular Personal Property Tax due June		
014	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
AAR I ODDAWE DOINE						
FT MYERS FL 33905			82 Street Addr	ress (P.O. Box Number is Not Acceptal	ble)	
''			83			
<u> </u>			84 City		85 Zip Code	
				: 1	FL 65 210 COOG	
office or r	egistered agent, or both, in the State	te of Florida. Such change was at	thorized by the corporat	poration submits this statement for the patients board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered	
agent. I a SIGNATURE	m familiar with, and accept the obli	gations of, Section 607.0505, Floi	ida Statutes.			
	Signature, typed or printed name of registered a		Registered Agent signature requir		DATE	
12.	PD OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition	
NAME	SMITH, TERRY E		1.2 NAME		Change Addition	
STREET ADDRESS	9727 N. KOHER ROAD EAS	Ī	1.3 STREET ADDRESS			
CITY-ST-ZIP	SYRACUSE IN 46567		1.4 CITY - ST - 2IP			
TITLE .		☐ DELETE	21 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	<u>. </u>	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition	
NAME		C Deterio	3.2 NAME		C Change C Adough	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	!		
CITY-ST-ZIP		Driete	4.4 CITY-ST-ZIP	!	Charge	
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	61 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME			6.2 NAME	;		
STREET ADDRESS			6.3 STREET ADDRESS			

CITY-ST-ZIP 6.4 CITY - ST - ZIP 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 the 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:

219-856-4636

FILED

Mar 31 1998 8:00am