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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

1-17-97 813-685-8244

3. Date Incorporated or Qualified

Secretary of State

3a. Date of Last Report

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business

VALRICO FL 33594

1807 NORTH WATERMAN DRIVE

DOCUMENT # S67063

(5)

1807 NORTH WATERMAN DRIVE VALRICO FL 33594-5434

Mailing Address

E & R CONCRETE CONSTRUCTION, INC.

|  |                                       |                                |                     |                       |   |  | 07/15/1991  | 01/3      | 0/1996             |                                       |  |
|--|---------------------------------------|--------------------------------|---------------------|-----------------------|---|--|---|-----------|--------------------|---------------------------------------|--|
| 2. Principal P   | lace of Business                      | 2e. Maitin                     | 2e. Mailing Address |                       |   |  | 4. FEI Number   | . L       |                    | plied For                             |  |
| 21   |                                       | 26                             | 26                  |                       |   |  | 59-3074369  |           | No                 | t Applicable                          |  |
| Suite, Apt.  | #, etc.                               | ····1                          | Suite Apt. #, etc.  |                       |   |  | 5. Certificate of Status Desired                          | X         |                    | Additional                            |  |
| 22   |                                       | 27                             |                     |                       |   |  |   |           | Fee Re             | · · · · · · · · · · · · · · · · · · · |  |
| City & Stat  | e                                     | <b>├</b> ──┐ `                 | City & State        |                       |   |  | 6. Election Campaign Financing                            | r1        | \$5.00             | •                                     |  |
| Zip  | Country                               | [28]<br>  Zip                  |                     | Countr                |   |  | Trust Fund Contribution                                   |           | Added              |                                       |  |
| 24   | 25                                    | 29                             | ŀ                   | 30                    | y   |  | This corporation has liability for in<br>Florida Statutes |           | ax under s<br>] No | . 199 032,                            |  |
| 9, Name and Address of Current Registered Agent  |                                       |                                |                     |                       |   | 10. Name and Address of New Registered Agent |   |           |                    |                                       |  |
| LEWIS, EDDIE   |                                       |                                |                     |                       |   | Name   |   |           | •                  |                                       |  |
| 1807 N WATERMAN DRIVE  |                                       |                                |                     |                       | $\perp$   | <u> </u>                                     |   |           |                    |                                       |  |
| VALRICO FL 33594   |                                       |                                |                     |                       | 82 Street Address (P.O. Box Number is Not Acceptable) |  |   |           |                    |                                       |  |
| 47LT1100 1 C 00084   |                                       |                                |                     |                       | 83  |  |   |           |                    |                                       |  |
|  |                                       |                                |                     |                       | $\perp$   |  |   |           |                    |                                       |  |
|  |                                       |                                |                     |                       | 4   | City   |   | FL        | <b>85</b> Zip      | Code                                  |  |
| 11. Pursuant   | to the provisions of Section          | ons 607.0502 and 607.150       | 8, Florida Statute  | es, the abov          | ve-i  | named corpo                                  | ration submits this statement for the p                   | urpose of | changing if        | s 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 perhod rande of registered agent and title stags scable (NOTE Aviginaria)   |                                       |                                |                     |                       |   | signature required                           | 1 when reinslating)                                       | DATE      |                    |                                       |  |
| 12.  | ()F                                   | FICERS AND DIRECTORS           |                     | 13.                   |   |  | ADDITIONS/CHANGES TO OFFIC                                | ERS AND   | DIRECTOR           | S IN 12                               |  |
| THE  | D                                     |                                | ☐ DELETE            | 1.1 TITLE             |   |  |   |           | Change             | Addition                              |  |
| NAME   | Lewis , eddie                         |                                |                     | 1.2 NAME              |   |  |   |           |                    |                                       |  |
| STREET ADDRESS   | , , , , , , , , , , , , , , , , , , , |                                |                     |                       | 1.3 STREET ADDRESS                                    |  |   |           |                    |                                       |  |
| CITY-ST-ZIP  | VALRICO FL                            |                                |                     | 1.4 CITY-             | \$7.  | ZIP  |   |           |                    |                                       |  |
| TITLE  | D                                     |                                | ☐ DEL€TE            | 2 1 TITLE             |   |  |   |           | Change             | Addition                              |  |
| NAME   | LEWIS , ROSALYN                       |                                |                     | 2.2 NAME              |   |  |   |           |                    |                                       |  |
| STREET ADDRESS   | 1807 M WATERMAN                       | N DR                           |                     |                       |   | DORESS                                       |   |           |                    |                                       |  |
| CITY - S1 - ZIP  | VALRICO FL                            |                                |                     | 2 4 CITY-             |   | - ZIP  |   |           |                    |                                       |  |
| TITLE  |                                       |                                | DELETE              | 3 1 TITLE             |   |  |   |           | Change             | Addition                              |  |
| NAME   |                                       |                                |                     | 3.2 NAME              |   |  |   |           |                    |                                       |  |
| STREET ADDRESS   |                                       |                                |                     | 3.3 STREE             | T Al  | DDRESS                                       |   |           |                    |                                       |  |
| CITY-ST-ZIF  |                                       |                                | T Severe            | 34 CITY-              |   | - ZIP  |   |           |                    |                                       |  |
| TillE  |                                       |                                | ☐ DELETE            | 4.1 TITLE             |   |  |   |           | Change             | Addition                              |  |
| NAME   |                                       |                                |                     | 4 2 NAME              |   |  |   |           |                    |                                       |  |
| STREET ADDRESS   |                                       |                                |                     | 43 STREE              |   |  |   |           |                    |                                       |  |
| CITY - ST - 7IP  |                                       |                                | OELETE              | 4.4 CITY-             |   | ZIP  |   |           | 0                  | 4.4265                                |  |
| TITLE  |                                       |                                | [ DELETE            | 5 1 TITLE             |   |  | 90000207  | '05(      | Change             | Addition                              |  |
| NAME   | ■ 1                                   |                                |                     |                       | 5.2 NAME<br>5.3 STREET ADDRESS                        |  | 90000207<br>-01/28/970103                                 | 3401      | 5 /                | ~* V                                  |  |
| STREET ADDRESS   |                                       |                                |                     |                       |   |  | ***8.75   |           | C                  | 0/3 /                                 |  |
| CITY-ST-ZIP<br>TITLE   |                                       |                                | DELETE              | 5 4 CHY-<br>6 1 TITLE |   | ZIP  |   | ······ 1  | Change             | Addition                              |  |
| NAME   |                                       |                                |                     |                       |   |  |   | •         | Unanyo             | FITT CONTINUE                         |  |
|  |                                       |                                |                     |                       | 6.3 STREET ADDRESS                                    |  | 900002070509<br>-01/28/9701034014                         |           |                    |                                       |  |
| STREET ADDRESS   | l:                                    |                                |                     |                       |   |  | -01/28/97010  | 401       | ات. ال<br>4        |                                       |  |
| 14. I do herel   | by certify that the information       | tion supplied with this filing | does not qualify    | 64 CITY-              |   |  |   |           |                    | the                                   |  |
| 14. It do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section *1501(50), *Utilda 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 |                                       |                                |                     |                       |   |  |   |           |                    |                                       |  |

FFICER OR DIRECTOR