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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V15040 (1)
PROFESSIONAL CONCRETE PUMPING OF SOUTH FLORIDA,

INC.								
Principal Place of Business 4232 18TH PLACE SW NAPLES FL 33999 US		Mailing Address 4232 18TH PLACE SW NAPLES FL 34116-5916 US						
					3. Date Incorporated or Qualified 02/17/1992		c of Last R 9/1996	eport
	Place of Business	2a. Mailing Address			4. FEI Number		<u> </u>	oplied For
Suite, Apt	# etc	26			65-0325963			ot Applicable
22		27			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			May Be
23		28			Trust Fund Contribution		Added	
Zip 24	Country Zip 25 29		Gountry 30	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \square No			
	9. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New I	Registered A	gent	
	VERSOX, PAUL E.		81	Name				
	2 18TH PL SW LES FL 33999		82	Street Add	dress (P.O. Box Number is Not Accept	able)		
I NAT	CEO LF 30888		83					
			ļ.,				T:	
			84	City		FL	85 Zip (Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Stal am familiar with, and accept the obli	02 and 607.1508, Florida State of Florida. Such change wa gations of, Section 607.0505,	lutes, the abov s authorized b Florida Statule	e-named cor y the corpora s.	poration submits this statement for the ation's board of directors. I hereby acc	purpose of c ept the appo	changing it intment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (fix	UTE Registered Ag	ent signature roqu	uired when reinsta:'ng)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
TOTLE	PTSD	DELETE				L	Change	Addition
NAME	BOWERSOX, PAUL 4232 18TH PLACE SW		1.2 NAME					
STREET ADDRESS CITY-ST-ZIP	NAPLES FL		1.3 STREET ADDRESS 1 4 City - St - Zip					
TITLE	D DELETE		213016	21 - ZIP			Change	Addition
NAME	BOWERSOX, ALAN R		22 NAME				_	
STREET ADDRESS	687 PINE CONE LN		23 STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL	DELETE	2 4 CITY - S1 - ZIP			₇		
TITLE	-		3.1 TITLE			L	Change	Addition
NAME STREET ADDRESS	PRIESTLY, DARREL 4232 18TH PL SW		3.2 NAME	ADDRESS				
CITY-ST-ZIP	NAPLES FL		3.3 SINCE	1				
TITLE		DELETE	4.1 1ITLE			T	Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CHY-5	ST-7/P			Channe	Addition
TITLE NAME		□ pereit	5.1 TITLE 5.2 NAME.			L	Change	Addition
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	1				
TITLE		DELFTE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 City - 5	31- 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 project 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 project or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

FILED

May 05 1997 8:00am

Secretary of State