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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V45595 (8)

1. Corporation Name
MIKE WHALEN CONCRETE AND MASONRY, INC.



Principal Place of Business

2520 DAVIS BLVD.
SUITE C
NAPLES FL 33942

Mailing Address

2520 DAVIS BLVD.
SUITE C
NAPLES FL 34104-4361

3. Date Incorporated or Qualified
06/19/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 6201 Lee Ann Lane

2a. Mailing Address

26 6201 Lee Ann Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Naples FL

27 City & State
28 Naples FL

24 Zip
34109

25 Country
USA

29 Zip
34109

30 Country
USA

4. FEI Number
65-0352120

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WHALEN, MICHAEL J.
2520 DAVIS BLVD.
SUITE C
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6201 Lee Ann Lane

83

84 City
Naples

FL

85 Zip Code
34109

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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

Michael J. Whalen

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/21/97

12. OFFICERS AND DIRECTORS

TITLE P
NAME WHALEN, MICHAEL J.
STREET ADDRESS 1792 HOLIDAY LANE
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE T
NAME KEPPEL, NANCY A.
STREET ADDRESS 1792 HOLIDAY LANE
CITY-ST-ZIP NAPLES FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE:

Michael J. Whalen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: Michael J. Whalen

DATE 3/21/97 (94) 793-2100

CR2E034 (9/96)