

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 AM 10: 02

DOCUMENT # V56110 (2)

1. Corporation Name

PRO-CRETE SYSTEMS, INC.

Principal Place of Business

**6553 46TH STREET, NORTH
SUITE 908
PINELLAS PARK FL 34665**

Mailing Address

**6553 46TH STREET, NORTH
SUITE 908
PINELLAS PARK FL 34665**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1992

3a. Date of Last Report

03/02/1994

2. Principal Place of Business

21 6251 44th St N

2a. Mailing Address

26 6251 44th St N

Suite, Apt. #, etc.

1921

Suite, Apt. #, etc.

1921

City & State

23 Pinellas Park

City & State

28 Pinellas Park

Zip

24 34665

Country

25 Pinellas

Zip

29 34665

Country

30 Pinellas

9. Name and Address of Current Registered Agent

**SCHIERHOLZ, JOHN C.
6553 46TH STREET, NORTH
SUITE 908
PINELLAS PARK FL 34665**

10. Name and Address of New Registered Agent

81 Name

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

6251 44th St N

83

Suite 1921

84 City

Pinellas Park FL

85 Zip Code

34665

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCHIERHOLZ, JOAN C.
STREET ADDRESS	6553 46TH ST N #908
CITY - ST - ZIP	PINELLAS PARK FL
TITLE	VP
NAME	RICHMOND, ROBERT M
STREET ADDRESS	6553 46 ST N S908
CITY - ST - ZIP	PINELLAS PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/95

P13-527-242A