

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V56649

(9)

1. Corporation Name

PRECISION PAVERS INTERLOCKING BRICK SYSTEMS, INC

Principal Place of Business

1361 UNIVERSITY PKWY
SARASOTA FL 34243

Mailing Address

1361 UNIVERSITY PKWY
SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/06/1992

3a. Date of Last Report

06/14/1994

4. FEI Number

65-0343885

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

2. Principal Place of Business

21 2021 TALLEYAST RD

2a. Mailing Address

27 2021 TALLEYAST RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sarasota, FL

City & State

28 SARASOTA, FL

Zip

24 34243

Country

Zip

29 34243

Country

30

9. Name and Address of Current Registered Agent

ROBERTS, RUTH M.
5812 N. SHADE AVENUE
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ROBERTS, RUTH
STREET ADDRESS 5812 N. SHADE AVENUE
CITY - ST - ZIP SARASOTA FL 34243

TITLE V
NAME ROBERTS, WILLIAM J.
STREET ADDRESS 5812 N. SHADE AVENUE
CITY - ST - ZIP SARASOTA FL 34243

TITLE V
NAME ROBERTS, DALE E
STREET ADDRESS 2500 NASSAU STREET
CITY - ST - ZIP SARASOTA FL 34231

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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 person or persons 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: Ruth M. Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

813-359-3355