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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

· Corporate	MENT # <b>V5774(</b> B CONCRETE, INC.	) (5)			ANII ANIII ANAH ANHI HINI ANHI DIRII 1966
Principal Place of Business Mailing Address					80% 848% <b>3</b> 400 446% 948% 919% <b>3</b> 48% 498%
31303 SAUNDERS CIR. TAVARES FL 32778		31303 SAUNDERS CIR. TAVARES FL 32778-5009			
				<ol> <li>Date Incorporated or Qualifie</li> <li>08/10/1992</li> </ol>	
2. Frincipal f	Pace of Business	2a. Mailing Address		4. FEI Number	05/01/1996 Applied For
21		26		59-3135730	Not Applicab
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required
City & Sta	te	City & State		6. Election Campaign Financing	<del></del>
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		for intangible tax under s. 199.032,
24	9. Name and Address of Curre	29 nt Registered Agent	30	Florida Statutes  10. Name and Address of New	Yes No
DAG	SILL, ALAN MARK	3	81 Name		
31303 SAUNDERS CIR.			82 Street Ac	ddress (P.O. Box Number is Not Accep	otable)
TAV	ARES FL 32778				
			83		
			84 City		FL 85 Zip Code
office or agent. I a SiGNATURE	Signarca: Typed or protect con cot registered at	Tosel N	authorized by the corpo orida Statutes.  ARE K. A.  11. Registered Agent signalure re		Copt the appointment as registered  2-2-97  OATE FICERS AND DIRECTORS IN 12
TILE	P	DELETE	1.1 THUE		☐ Change ☐ Addi
NAME	PASILL, MARK ALAN		1.2 NAME		!
STREET ADDRESS	31303 SAUNDERS CIR.		1.3 STREET ADDRESS		
CITY - \$1 - 7:P	TAVARES FL 32778	DELETE	1.4 CITY - ST - ZIP 2.1 TIJLE		☐ Change ☐ Add
NAME		C3 breez	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIF			2. 4 C(TY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		∐ Change
NAME CHARLE ASSOCIATE			3.2 NAME 3.3 STREET ADDRESS		
STREET ADORESS CITY-ST-ZIP			34 CHY-ST-ZIP		
Tille		DELETE	4.1 TITLE		☐ Change ☐ Ad
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City - St - ZiP		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Ac
NAME		La been	5.2 NAME		<del></del>
STREET ADDRESS			53 STREET ADDRESS		
City-ST-7IP			5.4 City-St-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	61 TITLE		[] Change
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY - S1 - ZIP	1		6 4 CITY - ST - ZIP	ated in Section 110 07(2Vi) Florida Sta	stutes. I further certify that the

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oat? I am an officer or director of the compration or the receiver or trusted in more or the receiver or trusted in the compration of the compratio

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-97 Date

343-8445 Daytime Phone #

FILED

Feb 11 1997 8:00am

Secretary of State