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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19, 1999 8:00 am
Secretary of State
02-19-1999 90112 008 ***150.00

0324370

DOCUMENT # 162030

1. Corporation Name
RINKER MATERIALS CORPORATION

Principal Place of Business	Mailing Address
1501 BELVEDERE RD ATTN: M HOFFMAN P.O. BOX 24635 (33416) WEST PALM BEACH FL 33406 US	1501 BELVEDERE RD ATTN: M HOFFMAN P.O. BOX 24635 (33416) WEST PALM BEACH FL 33406 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed
06/26/1950

4. FEI Number
59-0615531
☐ Applied For
☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LINLEY,GEORGE W.
1501 BELVEDERE RD
WEST PALM BEACH FL 33406

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SNYDER, W.L.		1.2 NAME	
STREET ADDRESS	1501 BELVEDERE ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, K.H.		2.2 NAME	
STREET ADDRESS	1501 BELVEDERE ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KINGSTON, JOHN		3.2 NAME	
STREET ADDRESS	1501 BELVEDERE RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL		3.4. CITY-ST-ZIP	
TITLE	STD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CAPASSO, ROBERT J		4.2 NAME	
STREET ADDRESS	1501 BELVEDERE RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Robert. Capasso 2/09/99 561-820-8460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT CAPASSO

CR2E034 (11/98)