2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # 854227 1. Entity Name M & J MATERIALS, INC.					/	Secretary of State 07-17-2001 90005 007 ***558.75			
Principal Place of Business Mailing Address					_				
7561 GADSDE		P.O. BOX 428				កបបរម្រង្			
TRUSSVILLE AL 35173 TRUSSVILLE AL 35173									
TRUS	Place of Business	3. Mailing Address SAME AS ABOVE				, DO NOT WRITE IN THIS SPACE			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN	N THIS SPACE		
City & Stat	e	City & State			4 . F	4. FEI Number 63-07 14398 Applied For Not Applicable			
Zìp	Country .	Zip	Country		5. (5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				-	
CT COPPORATION SYSTEM									
1200 S. PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PLANTATI	ON FL 33324			_					
				City	-		FL Zip Coo	de	
8. The above	e named entity submits this statement for t								
Nam.	Signature, typed or printed name of registered agent and			d Agent signature rec	uired when re	Pinstating)	DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750 Make Check Payable to Department of Sta							
11.	OFFICERS AND D		12.		AD	DITIONS/CHANGES TO OFFICE			
NAME STREET ADDRESS CITY-ST-ZIP	PD HOPSON, FRANK, III HWY. 11 N. TRUSSVILLE AL	☐ Delete		l			☐ Change	☐ Addition	
TITLE	S	☐ Delete	TITLE	=			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KELL, JOYCE L 7561 GADSDEN HWY TRUSSVILLE AL 35173			E ET ADDRESS -ST-ZIP		İ			
NAME STREET ADDRESS CITY-ST-ZIP	VD- RUSSELL, JOHN W. HWY. 11 N. TRUSSVILLE AL	Delete		į.	-	يه له خکين وجود پيست . و ا	° ⊡ Change	☐ Addition ³	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DRAKE, LAVON 7561 GADSDEN HWY TRUSSVILLE AL 35173	☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO DESHAZO, RICHARD L 7561 GADSDEN HIGHWAY TRUSSVILLE AL 35173	☐ Delete	4				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			. <u>—</u>		Change	☐ Addition	
13. I hereby of indicated of the corchanged	certify that the information supplied with the on this report or supplemental report is to poration or the redeiver or trustee empore, or on an attackment with an addigiss.	nis filing does not qualify for the and accurate and that me lered to execute this report in a her ike enpowered.	the exe ny signa as requi	mption stated in ture shall have red by Chapter	n Section the same 607, Flori	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath da Statutes; and that my name ap	ther certify that the i; that I am an office opears in Block 11 c	information r or director or Block 12 if	

SIGNATURE AND THE OR PRINTED NAME OF SIGNANG SEFE BRAD DIRECTOR