FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002201 (1)**

1. Corporation Name
TINDALL CONCRETE PRODUCTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1778 SPARTANBURG SC 29304	P.O. BOX 1778 SPARTANBURG SC 29304

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/28/1994**
3a. Date of Last Report:

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:

4. FEI Number: **57-0762671** ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	P	11 TITLE	☐ Change ☐ Addition
NAME	BACHMAN, JOHN	12 NAME	
STREET ADDRESS	208 CYPRESS CREEK DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	SPARTANBURG SC	14 CITY-ST-ZIP	
TITLE	VDT	21 TITLE	☐ Change ☐ Addition
NAME	LOWNDES III, WILLIAM	22 NAME	
STREET ADDRESS	1440 THORNWOOD DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	SPARTANBURG SC	24 CITY-ST-ZIP	
TITLE	VASD	31 TITLE	☐ Change ☐ Addition
NAME	LOWNDES IV, WILLIAM	32 NAME	
STREET ADDRESS	105 PLANTATION DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	SPARTANBURG SC	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	LOWNDES, HENRIETTA	42 NAME	
STREET ADDRESS	1440 THORNWOOD DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	SPARTANBURG SC	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☒ Change ☐ Addition
NAME	BOWIE, GREGORY M	52 NAME	Director
STREET ADDRESS	322 LONDONBERRY DRIVE	53 STREET ADDRESS	Anne L. Maggiari
CITY-ST-ZIP	SPARTANBURG SC	54 CITY-ST-ZIP	854 Law Lane Mt. Pleasant, SC 29464
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LOWNDES, CAROLINE M	62 NAME	
STREET ADDRESS	1989 WYCLIFF RD UNIT 11	63 STREET ADDRESS	
CITY-ST-ZIP	SPARTANBURG SC	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)(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.

SIGNATURE: William Lowndes IV 4/25/95 (803)576-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000877 CP