

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000002201 (1)

1. Corporation Name

TINDALL CONCRETE PRODUCTS, INC.



Principal Place of Business

P.O. BOX 1778  
SPARTANBURG SC 29304

Mailing Address

P.O. BOX 1778  
SPARTANBURG SC 29304

3. Date Incorporated or Qualified  
04/28/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

57-0762671

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 officer or director

Signature typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BACHMAN, JOHN	
STREET ADDRESS	208 CYPRESS CREEK DRIVE	
CITY-ST-ZIP	SPARTANBURG SC	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	LOWNDES III, WILLIAM	
STREET ADDRESS	1440 THORNWOOD DRIVE	
CITY-ST-ZIP	SPARTANBURG SC	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	LOWNDES IV, WILLIAM	
STREET ADDRESS	105 PLANTATION DRIVE	
CITY-ST-ZIP	SPARTANBURG SC	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOWNDES, HENRIETTA	
STREET ADDRESS	1440 THORNWOOD DRIVE	
CITY-ST-ZIP	SPARTANBURG SC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAGGIARI, ANNE L	
STREET ADDRESS	854 LAW LANE	
CITY-ST-ZIP	MT. PLEASANT S.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWNDES, CAROLINE M	
STREET ADDRESS	1989 WYCLIFF RD UNIT 11	
CITY-ST-ZIP	SPARTANBURG SC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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*

William Lowndes, IV

4/16/96

(864)576-3230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)