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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 20 1998 8:00am

Secretary of State

Change

5 /w /a0

Addition

- 1 1883 188 ATTO POLIT BERTH BRITH BRITH BROWN BRITH BUTTO TO THE TOTAL HOLD CONTRACT FOR THE

Secretary of State DIVISION OF CORPORATIONS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

LOWNDES, CAROLINE M

2767 PEACHTREE RD., 34

<u>A</u>TLANTA GA

DOCUMENT # F9400002201 (1)

XTHIRRAND CONCRETE PRODUCTS NICK

TINDALL CORPORATION

|                                             |                                                                                   |                                       |                              |                    |                                                                                               | . 1 (1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</b> |
|---------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------|------------------------------|--------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------|
| Principat Place of Business Mailing Address |                                                                                   |                                       |                              |                    |                                                                                               |                                                 |
| P.O. BOX 1778<br>SPARTANBURG SC 29304       |                                                                                   | P.O. BOX 1778<br>Spartanburg SC 29304 |                              | DO NOT WRITE IN    | I THIS SPACE                                                                                  |                                                 |
|                                             |                                                                                   |                                       |                              |                    | <ol> <li>Date Incorporated or Qualified</li> <li>04/28/1994</li> </ol>                        |                                                 |
| 2. Principal P                              | ace of Busmoss                                                                    | 2a. Mailing Address                   |                              |                    | 4. FEI Number                                                                                 | Applied For                                     |
| 21                                          |                                                                                   | 26                                    |                              |                    | 57-0762671                                                                                    | Not Applicable                                  |
| Suite, Apt.                                 | #, <b>g</b> lc.                                                                   | Suite, Apt. #, etc.                   |                              |                    | 5. Certificate of Status Desired                                                              | \$8.75 Additional Fee Regulred                  |
| City & State                                |                                                                                   | City & State                          |                              |                    | A Floring Opening Front                                                                       | <del></del>                                     |
| 23                                          |                                                                                   | 28                                    |                              |                    | 6. Election Campaign Financing Trust Fund Contribution                                        | \$5.00 May Be Added to Fees                     |
| Zip                                         | Country                                                                           | Zφ                                    | Coun                         | lry                | 8. This corporation owes or has paid                                                          | the current year Intangible                     |
| 24                                          | 25                                                                                | 29                                    | 30                           |                    | Personal Property Tax due June 30                                                             |                                                 |
|                                             | 9. Name and Address of Current R                                                  | egistered Agent                       |                              |                    | 10. Name and Address of New Regis                                                             | tered Agent                                     |
| CI                                          | CORPORATION SYSTEM                                                                |                                       | 8                            | 31 Name            |                                                                                               |                                                 |
| 1200 SOUTH PINE ISLAND ROAD 82 Stree        |                                                                                   |                                       |                              | 32 Street A        | Address (P.O. Box Number is Not Acceptable)                                                   |                                                 |
| PU                                          | ANTATION FL 33324                                                                 |                                       | -                            | 33                 |                                                                                               |                                                 |
|                                             |                                                                                   |                                       |                              | "                  |                                                                                               |                                                 |
|                                             |                                                                                   |                                       | E                            | 34 City            |                                                                                               | 85 Zip Code                                     |
| 11. Pursuant                                | to the provisions of Sections 607.0502 a                                          | nd 607 1508. Florida Stat             | utes, the abo                |                    | orporation submits this statement for the pure                                                | oose of changing its registered                 |
| office of r                                 | egistered agent, or both, in the State of mamiliar with and accept the obligation | Horida, Such change was               | s authorized<br>Horida Statu | by the corpo       | orporation submits this statement for the purporation's board of directors. I hereby accept t | he appointment as registered                    |
| SIGNATURE                                   | <u> </u>                                                                          | ,                                     |                              |                    |                                                                                               |                                                 |
|                                             | Signature, typed or printed name of registered repent or                          |                                       |                              | Agent signature re | equired when reinstating)                                                                     | DATE                                            |
| 12.                                         | OFFICERS AND D                                                                    |                                       | 13.                          |                    | ADDITIONS/CHANGES TO OFFICER                                                                  |                                                 |
| TITLE                                       | P COMMAN IOUN                                                                     | DELETE                                | 1.1 1171                     | 4                  | Assistant Sec.                                                                                | Change X Addition                               |
| NAME                                        | BACHMAN, JOHN                                                                     |                                       | 12 NAM                       | · .                | Cheryl O. Lang                                                                                |                                                 |
| STREET ADDRESS                              | 208 CYPRESS CREEK DRIVE<br>SPARTANBURG SC                                         |                                       |                              | EFT ADDRESS        | 137 Westmeath Dr.                                                                             |                                                 |
| CITY-\$T-ZIP<br>TITLE                       | VDT VDT                                                                           | DELETE                                | 21 THL                       | '-\$1-ZIP          | Moore, SC 29369                                                                               | Change Addition                                 |
| NAME                                        | LOWNDES III, WILLIAM                                                              | ☐ pttrif                              | 2.2 NAM                      |                    | Chairman, Treas, CEO<br>William Lowndes III                                                   | ēei ougui⢠⊏1 vanidati                           |
| STREET ADDRESS                              | 1440 THORNWOOD DRIVE                                                              |                                       |                              | EE1 ADDRESS        | 1440 Thornwood Dr.                                                                            |                                                 |
| CITY-ST-ZIP                                 | SPARTANBURG SC                                                                    |                                       |                              | Y-ST-ZIP           | Spartanburg, SC 29304                                                                         |                                                 |
| TITLE                                       | VASD                                                                              | DELETE                                | 3.1 Tit.                     |                    | P                                                                                             | Change Addition                                 |
| NAME                                        | LOWNDES IV, WILLIAM                                                               |                                       | 32 NAM                       | ļ                  | William Lowndes IV                                                                            | <del> </del>                                    |
| STREET ADDRESS                              | 105 PLANTATION DRIVE                                                              |                                       | 4                            |                    | 105 Plantation Drive                                                                          |                                                 |
| CITY-ST-ZIP                                 | SPARTANBURG SC                                                                    |                                       |                              |                    | Spartanburg, SC 29304                                                                         |                                                 |
| TITLE                                       | \$D /                                                                             | DELETE                                | 4.1 UTL                      |                    | - cannara, sc casua                                                                           | Change Addition                                 |
| NAME                                        | LOWNDES, HENRIETTA                                                                |                                       | 4. 2 NAM                     | ME                 |                                                                                               |                                                 |
| STREET ADDRESS                              | 1440 THORNWOOD DRIVE                                                              |                                       | 4.3 S1R                      | ET ADDRESS         |                                                                                               |                                                 |
| CITY-\$T-ZIP                                | SPARTANBURG SC                                                                    |                                       | 4.4 CITY                     | -ST-ZIP            |                                                                                               |                                                 |
| TITLE                                       | D                                                                                 | ☐ DELETE                              | 5.1 TITL                     | E                  |                                                                                               | Change Addition                                 |
| NAME                                        | MAGGIARI, ANNE L                                                                  |                                       | 5.2 NAM                      | IE .               |                                                                                               |                                                 |
| STREET ADDRESS                              | 854 LAW LANE                                                                      |                                       | 5 3 S18I                     | EFT ADDRESS        |                                                                                               |                                                 |
| CITY-ST-7IP                                 | MT. PLEASANT S.                                                                   |                                       | 5.4 CITY                     | -SI-ZIP            |                                                                                               |                                                 |

DELETE

6.1 TITLE

6.2 NAME

14. Thereby 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.

6.3 STREET ADDRESS