

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**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90041 048 \*\*\*150.00

**DOCUMENT # F94000002201**

1. Corporation Name  
**TINDALL CONCRETE CORPORATION OF SOUTH CAROLINA**



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

Mailing Address  
P.O. BOX 1778  
SPARTANBURG SC 29304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/28/1994**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AS ☐ DELETE  
NAME LANG, C O  
STREET ADDRESS 137 WESTMEATH DR  
CITY-ST-ZIP MOORE SC 29369

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE CTC ☐ DELETE  
NAME LOWNDES III, WILLIAM  
STREET ADDRESS 1440 THORNWOOD DRIVE  
CITY-ST-ZIP SPARTANBURG SC

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME LOWNDES IV, WILLIAM  
STREET ADDRESS 105 PLANTATION DRIVE  
CITY-ST-ZIP SPARTANBURG SC

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME LOWNDES, HENRIETTA  
STREET ADDRESS 1440 THORNWOOD DRIVE  
CITY-ST-ZIP SPARTANBURG SC

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MAGGIARI, ANNE L  
STREET ADDRESS 854 LAW LANE  
CITY-ST-ZIP MT. PLEASANT S.

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LOWNDES, CAROLINE M  
STREET ADDRESS 2767 PEACHTREE RD., 34  
CITY-ST-ZIP ATLANTA GA

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-29-99**  
Date

**864 5763230**  
Daytime Phone #

CR2E034 (1/98)