2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90385 004 ***150.00

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1. Entity Name
TINDALL CONCRETE CORPORATION OF SOUTH CAROLINA

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

600263 13

03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-0762671

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	LANG, C O
STREET ADDRESS	~~437 WESTMEATH DR~~ 101 Williston Way
CITY-ST-ZIP	MOORE, SC 29369
TITLE	CTC
NAME	LOWNDES III, WILLIAM
STREET ADDRESS	720 OTIS BLVD
CITY-ST-ZIP	SPARTANBURG, SC 29302
TITLE	P
NAME	FORCE, GREG M
STREET ADDRESS	~~BAILEY ROAD~~729 Glenridge Road
CITY-ST-ZIP	~~FAIRFOREST, SC 29336~~ Spartanburg, SC 29301
TITLE	D
NAME	LOWNDES, HENRIETTA
STREET ADDRESS	720 OTIS BLVD
CITY-ST-ZIP	SPARTANBURG, SC 29302
TITLE	D
NAME	MAGGIARI, ANNE L
STREET ADDRESS	110 MIDDLE ST.
CITY-ST-ZIP	MOUNT PLEASANT, SC 29464
TITLE	D
NAME	LOWNDES, CAROLINE M
STREET ADDRESS	~~2767 PEACHTREE RD., 34~~ 265 E 66th St Apt. 21D
CITY-ST-ZIP	~~ATLANTA, GA~~ New York, NY 10021

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Cheryl O. Lang 3-23-06 864-576-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #