

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90009 009 ***150.00

DOCUMENT # F94000002201

1. Entity 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**

40107971



DO NOT WRITE IN THIS SPACE

01172007 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	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	729 GLENRIDGE RD
CITY-ST-ZIP	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	265 E 66TH ST APT 21B - 530 Park Ave. 11H
CITY-ST-ZIP	NEW YORK, NY 10021

**DO NOT WRITE
IN THIS SPACE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2007 864-576-3230

Date

Daytime Phone #