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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M65614

1. Corporation Name
PRODUCTION CONCRETE FINISHERS, INC.

Principal Place of Business	Mailing Address
3550 SW 53RD ST OCALA FL 34474	3550 SW 53RD ST OCALA FL 34474

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1988

4. FEI Number: 59-2870672 ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SZKUDLAREK, BRIAN
3550 SW 53RD ST
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name: MICHAEL E DEAN P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 230 N.E. 25TH AVE
83
84 City: OCALA FL 85 Zip Code: 34470

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: BRIAN SZKUDLAREK DATE: 3/23/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P.D.	☐ Change ☑ Addition
NAME	SZKUDLAREK, BRIAN		1.2 NAME	SZKUDLAREK, BRIAN L.	
STREET ADDRESS	3550 SW 53RD ST		1.3 STREET ADDRESS	3550 SW 53RD ST.	
CITY-ST-ZIP	OCALA FL 34474		1.4 CITY-ST-ZIP	OCALA FL 34474	
TITLE	V	☐ DELETE	2.1 TITLE	V.P, D./SECTARY	☐ Change ☑ Addition
NAME	JOHNSON, DAVID		2.2 NAME	JOHNSON DAVID G.	
STREET ADDRESS	5066 PECAN RD		2.3 STREET ADDRESS	5066 PECAN RD.	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	OCALA FL. 34472	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: DAVID G. JOHNSON 2-1-99 352-694-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #