

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northerm
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M71829 (9)

1. Corporation Name

BALCOM CONCRETE SERVICES, INC.

Principal Place of Business

Mailing Address

C/O LARRY P. BALKCOM
5055 SE 17TH ST.
OCALA FL 32671

C/O LARRY P. BALKCOM
5055 SE 17TH ST.
OCALA FL 32671

APPROVED
AND
FILED

1995 APR 14 AM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-04/17/95--01004--008
DO ***200.00 ***200.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/08/1988		04/11/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		582885787		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☒ Yes ☐ No	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALKCOM, LARRY P.
5055 SE 17TH ST.
OCALA FL 32671

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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, typewritten printed name of registered agent, if not applicable

(NOTE: Registered Agent signature required when reappointing)

4/5/95
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BALKCOM, LARRY P.	1.2 NAME	
STREET ADDRESS	5055 SE 17TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BALKCOM, PATRICIA A.	2.2 NAME	
STREET ADDRESS	5055 SE 17TH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE:

Signature and typewritten printed name of signing officer or director

4/5/95

694-2577
(Include 17 area #)