FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005656 (4)**

1. Corporation Name

FLORIDA INDEPENDENT CONCRETE AND ASSOCIATED PRODUCTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
318 NEWMAN RD. SEBRING FL 33870 US	318 NEWMAN RD. SEBRING FL 33870 US

3. Date Incorporated or Qualified: **12/13/1993**
3a. Date of Last Report: **07/14/1994**
4. FEI Number: **65-0454790** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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

VAN WINKLE, MARY E
3844 BEE RIDGE ROAD
SUITE 202
SARASOTA FL 34233

10. Name and Address of New Registered Agent

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 _____ DATE
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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MASCHMEYER, TROY	1.2 NAME	Neil Griffin	
STREET ADDRESS	1442 WATER TOWER RD.	1.3 STREET ADDRESS	7749 S. George Blvd.	
CITY-ST-ZIP	LAKE PARK FL	1.4 CITY-ST-ZIP	Sebring, Fl. 33870	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MARTIN, RICHARD C. J	2.2 NAME	Jimmy Keys	
STREET ADDRESS	P. O. BOX 2580 N/A	2.3 STREET ADDRESS	PO Box 679 N/A	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Elfers, Fl. 34680	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, ROBERT	3.2 NAME		
STREET ADDRESS	P. O. BOX 2580 N/A	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	HOBBS, BRIAN	4.2 NAME	Fred Johns, Jr.	
STREET ADDRESS	7749 S. GEORGE BLVD.	4.3 STREET ADDRESS	Po Box 1207 N/A	
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	Avon Park, Fl. 33825	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MARIANI, ALBERT	5.2 NAME	Rick Martin, Sr	
STREET ADDRESS	7120 OVERLAND RD.	5.3 STREET ADDRESS	5505 McIntosh Rd	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Sarasota, Fl. 34233	
TITLE		6.1 TITLE	SAD	☐ Change ☒ Addition
NAME		6.2 NAME	Albert, Mariani	
STREET ADDRESS		6.3 STREET ADDRESS	7120 Overland	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando, Fl. 32810	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fred B. Brantley Exec Dir. 4/26/95 813-655-2662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016100