

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90111 033 ***150.00

DOCUMENT # P98000016744



1. Entity Name
MID STATE CONCRETE, INC.

Principal Place of Business
**20931 N.W. HIGHWAY 27
WILLISTON FL 32696**

Mailing Address
**P.O. BOX 1047
WILLISTON FL 32696**

00041101



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3503054**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BULLARD, BARRY P
150 N.W. 75TH DRIVE STE. A
GAINESVILLE FL 32607**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BULLARD, BARRY P	
STREET ADDRESS	150 N.W. 75TH DRIVE STE. A	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, WILLIAM A	
STREET ADDRESS	16815 N.WE. 138TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	V	<input type="checkbox"/> Delete
NAME	NEELY, WILLIAM S JR	
STREET ADDRESS	13654 S.E. COUNTY ROAD 336	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

352-528-1022

Date Daytime Phone #

CR2E034 (10/02)