SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(1)

RINKER MATERIALS CORPORATION

Mailing Address

1501 BELVEDERE RD. ATTN: W.J. PAYNE P.O. BOX 24635 (33416)

DAVIS, JR

1501 BELVEDERE RD

NAME

STREET ADDRESS

Principal Place of Business

1501 BELVEDERE RD. ATTN: W.J. PAYNE P.O. BOX 24635 (33416)

FILED Jul 16 1998 8:00am Secretary of State



WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1950 2. Principal Place of Business 2a. Malling Address 4. FEI Number Applied For 21 1501 BELVEDERE RD. ATIN: MHOFFMAN 26 1501 BELVE DERE RD. ATIN'M HOFFMAN 59-0615531 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LINLEY.GEORGE W. 1501 BELVEDERE RD 82 Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33406** 83 84 City Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. D/C 1.1 TITLE TITLE X DELETE Change Addition NAME CLARKE, D.V. 1.2 NAME 945 E. PASCES FERRY RD STREET ADDRESS 1.3 STREET ADDRESS ATLÂNTA GA CITY-ST-ZIP 1.4 CITY-ST-ZIP DPC 2.1 TITLE TITLE DELETE Change Addition SNÝDER, W.L. NAME 2.2 NAME 1501 BELVEDERE ROAD STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition WATSON, K.H. NAME 3.2 NAME 1501 BELVEDERE ROAD STREET ADDRESS 3.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE X DELETE 4.1 TITLE ___ Change Addition STONE, JON 4.2 NAME NAME 1501 BELVEDERE RD 4.3 STREET ADDRESS STREET ADDRESS WEST PALM BCH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Addition KINGSTON, JOHN NAME 5.2 NAME STREET ADDRESS 1501 BELVEDERE RD 5.3 STREET ADDRESS WEST PALM BCH FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ROBERT J. CAPASSO Change TITLE STD Addition

WEST PALM BEACH FL CITY-ST-ZIP 6.4 CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADDRESS

CR2E034 (5/98