2008 FOR PROFIT CORPORATION

Apr 07, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #178606** 04-07-2008 90046 036 ***150 00 INTRA STATE TERRAZZO & CEMENT CO. Principal Place of Business Mailing Address P.O. BOX 1536 2911 38TH AVE E BRADENTON, FL 34208 ONECO, FL 34264 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 03192008 CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 59-0711682 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent LARRY, CHARLES H. Street Address (P.O. Box Number is Not Acceptable) 2911 384V E 2175 12TH ST Bradenton, FL 34208 SARASOTA, FL 34237 Brancon 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DSV ☐ Change ☐ Addition TITLE ☐ Delete TITLE WEINHOLD, KARL W NAME NAME 2560 FRUITVILLE RD STREET ADDRESS STREET ADDRESS SARASOTA, FL. 34237 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME LARRY, CHARLES H. NAME STREET ADDRESS 2911 38TH AVE E STREET ADDRESS CITY-ST-78 BRADENTON, FL 34208 CHY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE MISLYAN, KATHLEEN NAME STREET ADDRESS 4169 CASCADE FALLS DR STREET ADDRESS SARASOTA, FL 34243 CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change Addition TITLE TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

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AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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