FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **230782** **(5)**

1. Corporation Name

SOUTHERN CONCRETE CONSTRUCTION CO INC

Principal Place of Business	Mailing Address
605 E OGLETHORPE BLVD. P.O. BOX 711 ALBANY GA 31702-0711 US	605 E OGLETHORPE BLVD. P.O. BOX 711 ALBANY GA 31702-0711 US

3. Date Incorporated or Qualified: **12/04/1959**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **58-0827830** ☐ 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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WATKINS,JOHN
1120 W. GRIFFIN RD.
LAKELAND FL 33802

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	ST	☐ DELETE	1.1 TITLE	AS	☐ Change ☐ Addition
NAME	READY, GEORGE		1.2 NAME	BOBBY WILLIS	
STREET ADDRESS	1958 MONROE DVE		1.3 STREET ADDRESS	605 E. OGLETHORPE BLVD	
CITY-ST-ZIP	ATLANTA, GA 00000		1.4 CITY-ST-ZIP	ALBANY, GA 00000	
TITLE	VD	☐ DELETE	2.1 TITLE	AST	☐ Change ☐ Addition
NAME	WILLIS, BILLY		2.2 NAME	LARRY ALDAY	
STREET ADDRESS	605 E OGELTHORPE BLVD		2.3 STREET ADDRESS	605 E. OGLETHORPE BLVD	
CITY-ST-ZIP	ALBANY, GA 00000		2.4 CITY-ST-ZIP	ALBANY, GA 00000	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MADDOX, W L		3.2 NAME		
STREET ADDRESS	605 E OGELTHORPE BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALBANY, GA 00000		3.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WATKINS, BILL		4.2 NAME		
STREET ADDRESS	1958 MONROE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, WILLIAM A		5.2 NAME		
STREET ADDRESS	1958 MONROE DVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 00000		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WATKINS, JOHN		6.2 NAME		
STREET ADDRESS	1120 W. GRIFFIN ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 if changed, or on an attachment with an address.

SIGNATURE: _____ 3-11-96 912 434-4754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #