## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # 230782 1. Entity Name SOUTHERN CONCRETE CONSTRUCTION CO INC 03-21-2000 90027 042 \*\*\*150.00 Principal Place of Business Mailing Address 605 E OGLETHORPE BLVD. 605 E OGLETHORPE BLVD. P.O. BOX 711 P.O. BOX 711 0 4 4 0 0 0 ALBANY GA 31702-0711 ALBANY GA 31702-0711 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-0827830 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WATKINS, JOHN Street Address (P.O. Box Number is Not Acceptable) 1120 W. GRIFFIN RD. LAKELAND FL 33802 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ST TITLE Change Addition TITLE ☐ Delete READY, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 1958 MONROE DVE CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA ☐ Change Addition TITLE ☐ Delete TITLE WILLIS, BILLY NAME STREET ADDRESS STREET ADDRESS 605 E OGELTHORPE BLVD CITY-ST-ZIP CITY-ST-ZIP ALBANY GA Addition ☐ Change ☐ D∈lete TITLE MADDOX, W L NAME STREET ADDRESS STREET ADDRESS 605 E OGELTHORPE BLVD CITY-ST-ZIP CITY-ST-ZIP ALBANY GA ☐ Change Addition TITLE ☐ Delete TITLE NAME FREEMAN, WILLIAM A NAME STREET ADDRESS STREET ADDRESS 1958 MONROE DVE CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA TITLE C ☐ Addition ☐ Delete TITLE NAME WATKINS, JOHN NAME STREET ADDRESS STREET ADDRESS 1120 W. GRIFFIN ROAD CITY-ST-ZIP CITY-ST-7IP LAKELAND FL ☐ Change ☐ Addition ☐ D€lete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 of trustree empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an adverse, with all other like expowered.

SIGNATURE:

CITY-ST-ZIP