

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 230782 1. Entity Name SOUTHERN CONCRETE CONSTRUCTION CO INC	
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Principal Place of Business 733 LIBERTY EXPRESSWAY SE ALBANY, GA 31705 US	Mailing Address PO BOX 711 ALBANY, GA 31702-0711 US
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-0827830	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMH, MARION D III
217 PINWOOD DRIVE
TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000193367 01/25/05-80058-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ALDAY, LARRY 605 E OGLETHORPE BLVD ALBANY, GA 31705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIS, BILLY 605 E OGELTHORPE BLVD ALBANY, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MADDOX, W L 605 E OGELTHORPE BLVD ALBANY, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIS, BOBBY R 605 E OGLETHORPE BLVD ALBANY, GA 31705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIS, A D 605 E OGLETHORPE BLVD ALBANY, GA 31705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Larry Alday LARRY ALDAY 1-21-05 229-495-0786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #