2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED SECRETARY OF STATE **DOCUMENT # 242793** DIVISION OF CORPORATIONS 1. Entity Name H. C. BUCHANAN CONCRETE, INC. 05 AUG -5 PH 1:51 Principal Place of Business Mailing Address H C BUCHANAN H C BUCHANAN 1410 ATLANTA AVE 1410 ATLANTA AVE ORLANDO, FL 32806 ORLANDO, FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07262005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-0912962 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUCHANAN, H. C., JR. 8520 BILLINGSHURST PL Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32825 City Zip Code FL 8. The above named ontity 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 \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BUCHANAN, CHARLES P. NAME NAME 900058486699 5311 YOUNG PINE RD. STREET ADDRESS STREET ADDRESS 08/11/05--01050--024 **61.25 CITY-ST-7IP ORLANDO, FL CITY-ST-ZIP K Change TITLE ☐ Delete TITLE CEO/D Addition BUCHANAN, H. C. JR. NAME NAME BUCHANAN, H.C. JR. 8520 BILLINGSHURST PL STREET ADDRESS STREET ADDRESS 8520 BILLINGSHURST PL ORLANDO, FL CITY-ST-ZIP ORLANDO, FL CITY-ST-7IP STD XXDelete TITLE TITLE S/T/D Change XX Addition BUCHANAN, OLLIE H. BUCHANAN, NANCY V. 8520 BILLINGSHURST PL NAME NAME 8508 GRINSTEAD CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP ORLANDO, FL TITLE XXDclete TITLE Change XX Addition NAME ROTENBERGER, DAVID M III NAME JONAS, THOM H. JR. 2156 MOHAWK TR STREET ADDRESS 1712 MONTCALM ST STREET ADDRESS CITY-ST-ZIP MAITLAND, FL CITY-ST-ZIP ORLANDO, FL TITLE ☐ Delete TITLE ☐ Change XX Addition NAME TABOR, L. CHRISTOPHER NAME STREET ADDRESS STREET ADDRESS 502 DUNRAVEN DR CITY-ST-7/P CiTY-S1-7IP WINTER PARK, FL TITLE Delete TETLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 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.

A.C. D. CED

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407/849-6070