

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:40

DOCUMENT # 305639

(7)

1. Corporation Name

WINDHAM READY-MIX INC

Principal Place of Business

ROUTE 7 BOX 1296
DEFUNIAK SPRINGS FL 32433

Mailing Address

ROUTE 7 BOX 1296
DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/27/1966	3a. Date of Last Report 02/28/1994
4. FCI Number 59-1104007	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. 119.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. 67 Joe Campbell Rd	26. P.O. Box 248
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State FREEPORT FL	28. City & State FREEPORT FL
24. Zip 32439	29. Zip 32439
25. Country WALTON	30. Country WALTON

9. Name and Address of Current Registered Agent

CLENNEY, JACQUELINE W.
RT 7 BOX 1294
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of registered agent and the corporation

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1. TITLE	☐ Change ☐ Addition
NAME	CLENNEY, JACQUELINE	2. NAME	
STREET ADDRESS	RT 7 BOX 1294	3. STREET ADDRESS	
CITY, ST, ZIP	DEFUNIAK SPRGS, FL 00000	4. CITY, ST, ZIP	
TITLE	V	5. TITLE	☐ Change ☐ Addition
NAME	WINDHAM, HENRY A.	6. NAME	
STREET ADDRESS	RT 7 BOX 1294	7. STREET ADDRESS	
CITY, ST, ZIP	DEFUNIAK SPRGS, FL 00000	8. CITY, ST, ZIP	
TITLE	S	9. TITLE	☐ Change ☐ Addition
NAME	CLENNEY, JACQUELINE	10. NAME	
STREET ADDRESS	RT 7 BOX 1294	11. STREET ADDRESS	
CITY, ST, ZIP	DEFUNIAK SPRGS, FL 00000	12. CITY, ST, ZIP	
TITLE	P	13. TITLE	☐ Change ☐ Addition
NAME	CLENNEY, DELANO J.	14. NAME	
STREET ADDRESS	RT 7 BOX 1294	15. STREET ADDRESS	
CITY, ST, ZIP	DEFUNIAK SPRGS, FL 00000	16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in section 119.032, 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 be on the same as proof of said information. I am an officer or director of the corporation or the registered agent of the corporation and I have read this report as required by chapter 119, Florida Statutes, and that my report appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jacqueline W. Clenney* JACQUELINE W. CLENNEY 1/17/95 (904) 836 3356

For protection, tape an old address label over name and old address sections and complete new address.

Your Name (Print or type Last name, first name, middle initial)					
WINDHAM READY MIX, INC					
Old Address	No. & Street	Apt. Suite No.	PO Box	RR No.	Rural Box No.
	Rt. 7, Box 1296				
New Address	City	State	ZIP + 4		
	DEFUNIAK SPRINGS	FL	32433 -		
New Address	No. & Street	Apt. Suite No.	PO Box	RR No.	Rural Box No.
			248		
New Address	City	State	ZIP + 4		
	FREEPORT	FL	32439 -		
Sign Here		Date new address in effect		Keyline No. (if any)	
Jackie Cleary		12/1/94			

PS Form 3576, November 1990

RECEIVER: Be sure to record the above new address.