

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Linda B. Norton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 363881 (4)

1. Corporation Name

MORELAND CONCRETE, INC.

Principal Place of Business  
124 NW 15TH ST.  
POMPANO BEACH FL 33060

Mailing Address  
124 NW 15TH ST  
POMPANO BEACH FL 33060

APPROVED  
95 MAY - 1 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                          |  |                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 3. Date Incorporated or Qualified<br>05/11/1970                                                                                                          |  | 3a. Date of Last Report<br>08/08/1994                  |  |
| 4. FBI Number<br>59-1292440                                                                                                                              |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                |  | \$8.75 Additional Fee Required                         |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                       |  | \$5.00 May Be Added to Fees                            |  |
| 7. This corporation is complying with the information law under S. 135, C.S., Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                        |  |

|                                                                |  |                                                                                                     |  |
|----------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                |  | 10. Name and Address of New Registered Agent                                                        |  |
| MORELAND, JOHN<br>124 NW 15TH STREET<br>POMPANO BEACH FL 33060 |  | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>FL 85 Zip Code |  |

11. Pursuant to the provisions of Sections 607.0507 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 607.0405, Florida Statutes.

SIGNATURE

|                            |                    |                                                       |                                                                   |
|----------------------------|--------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| TITLE                      | TSD                | 11 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MORELAND, MARY     | 12 NAME                                               |                                                                   |
| STREET ADDRESS             | 124 NW 15TH ST     | 13 STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              | POMPANO BCH FL     | 14 CITY, ST, ZIP                                      |                                                                   |
| TITLE                      | ST                 | 21 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MORELAND, LANI     | 22 NAME                                               |                                                                   |
| STREET ADDRESS             | C/O 124 NW 15TH ST | 23 STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              | POMPANO BCH FL     | 24 CITY, ST, ZIP                                      |                                                                   |
| TITLE                      | PD                 | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MORELAND, JOHN     | 32 NAME                                               |                                                                   |
| STREET ADDRESS             | 124 NW 15TH ST     | 33 STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              | POMPANO BCH FL     | 34 CITY, ST, ZIP                                      |                                                                   |
| TITLE                      |                    | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 42 NAME                                               |                                                                   |
| STREET ADDRESS             |                    | 43 STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              |                    | 44 CITY, ST, ZIP                                      |                                                                   |
| TITLE                      |                    | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 52 NAME                                               |                                                                   |
| STREET ADDRESS             |                    | 53 STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              |                    | 54 CITY, ST, ZIP                                      |                                                                   |
| TITLE                      |                    | 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 62 NAME                                               |                                                                   |
| STREET ADDRESS             |                    | 63 STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              |                    | 64 CITY, ST, ZIP                                      |                                                                   |

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 114.07(9)(b), Florida Statutes. I further certify that the information included 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 and I am empowered to execute this report as required by Chapter 120, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John L. Moreland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95  
TAXPAYER CHECK #