FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **390674** **(0)**

1. Corporation Name

BUILDERS READY MIX CONCRETE COMPANY

Principal Place of Business	Mailing Address
3000 HWY 95-A SOUTH P. O. BOX 7006 PENSACOLA FL 32534-7006	3000 HWY 95-A SOUTH P. O. BOX 7006 PENSACOLA FL 32534-7006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/02/1971	08/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-1377048 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAMPBELL, C.R. 10391 OLD DAIRY LANE PENSACOLA FL 32534	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, C. R.	12 NAME	
STREET ADDRESS	10391 OLD DAIRY LN	13 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, ELEANOR F.	22 NAME	
STREET ADDRESS	10391 OLD DAIRY LN	23 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, C, R, JR	32 NAME	
STREET ADDRESS	10390 OLD DAIRY LANE	33 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, BILLY, RAY	42 NAME	
STREET ADDRESS	1340 BRICKTON RD	43 STREET ADDRESS	
CITY ST ZIP	CANTONMENT FL	44 CITY ST ZIP	
TITLE	AST	51 TITLE	☐ Change ☐ Addition
NAME	WOOD, TRUDY, M	52 NAME	
STREET ADDRESS	10391 OLD DAIRY LN	53 STREET ADDRESS	
CITY ST ZIP	CANTONMENT FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C R Campbell C. R. Campbell 4-21-95 904-477-0363
SIGNATURE AND TYPED OR PRINTED NAME OF CORPORATE OFFICER OR DIRECTOR — Date — Daytime Phone #

0360160 CP