2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 8:00 am Secretary of State **DOCUMENT # 425872** 05-03-2004 91215 005 ***150.00 TAYLOR CONCRETE, INC. Principal Place of Business Mailing Address PO BOX 86 PO BOX 86 24066496 PALMETTO, FL 34220 PALMETTO, FL 34220 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite. Apt. #, etc. 04222004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-1523196 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, MATTHEW B Street Address (P.O. Box Number is Not Acceptable) 1402 3RD AVE WEST BRADENTON, FL 34205 City Zip Code 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 TAYLUR, REGISTERED AGENT (NOTE, Projected Agent signature required when resistating) 4-30-04 SIGNATURE. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE Delete TITLE ☐ Change ☐ Addition TAYLOR, NATHAN J. JR. NAME NAME 5590 ERIE RD STREET ADDRESS STREET ADDRESS PARRISH, FL 34219 City-St-ZiP CITY-ST-7IP Change THEF ☐ Delete TILLE ☐ Addition HAYLOR, SPENCER N NAME TAYLOR, SPENCER N NAME 3803 N. Ryc Pd 906 25TH AVE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP Pamsh, FL 34219 Change TITLE Addition ☐ Delete TITLE PEREZ, RACHEL S. PEREZ, RACHEL (T) NAME NAME 5590 Ene Pd Pamish, FL 5590 ERIE RD* STREET ADDRESS STREET ADDRESS CITY-ST-ZiP PARRISH, FL 34219 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition IITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE HIRE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE 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 of 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 trugged 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 any address, with all directive empowered. SIGNATURE:

OR DIRECTOR

FILED