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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

437060 **DOCUMENT #**

(7)

PANHANDLE CONCRETE INDUSTRIES, INC.					
Principal Place of	of Business	Mailing Address		1 MAGNI AND 1611 1001 1011 1011 1011 1011 1011 101	is dant dibit bibit didit dibit bibit bibit 1481
105 FOUR POINTS WAY TALLAHASSEE FL 32314		P O BOX 5768 TALLAHASSEE FL 32314 US			
US		US		3. Date Incorporated or Qualified 09/26/1973	3a. Date of Last Report 08/11/1995
2. Principal Place	ce of Business	2a. Mailing Address 26		4, FEI Number 59-1486242	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζφ 24	Country 25	Zip 29	Country 30		s
24	9. Name and Address of Curre			10. Name and Address of New I	Registered Agent
49 CHRI	L. THOMPSON STY LANE DPPY FL 32358	,	81 Name 82 Street Ad 83 84 City	TO IN C. BARNETT dress (P.O. Box Number is Not Accepta pos Four Points W	85 Zin Code
				Allahassee	FL 32314
11. Pursuant to or registere familiar wit SIGNATURE	o the provisions of Sections 607.050 extragent or both, in the State of Flo fi, and accept the obligations of Sec	newer-		poration submits this statement for the popard of directors. I hereby accept the app	urpose of changing its registered unice pointment as registered agent. I am 4/25/96
SIGNATORE	Signature types or printed name of registered age		OTE: Registered Agent signature requ	uired when reinstalling)	FICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	13.		Change Addition
TILE	RS	DELETE	1. 1 TITLE	Pres.	
NAME	THOMPSON, JAMES L.		1.2 NAME	LEGT WELGAMSEN	LourT
STREET ADDRESS	49 CHRISTY LANE		1.3 STREET ADDRESS	John C. Barnett 2547 Merganser (Tallahassee, Fl.	32312
CITY-ST-ZIP	SOPCHOPPY FL	☐ DELETE	1.4 CiTY-ST-ZIP 2.1 TITLE	· THE PROPERTY OF THE PARTY OF	Change Addition
TITLE		<u> </u>	2.2 NAME		
NAME STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-S1-ZIP			3.4 CITY - ST - ZIP		Change Addition
TITLE		□ DELETE	4. 1 TITLE		☐ change ☐ vocation
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		TT nerris	5 1 TITLE		<u> </u>
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C-1Y-ST-ZIP		DELETE	5 4 CHTY - ST - ZIP 6. 1 TITLE		Change Addition
TITLE		[] ottett	6.1 IIILE 6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY - ST-ZIP		

14. Ido 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)(k), 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 certify 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 in hanged, or on an attachment with an address.

SIGNATURE:

CER OR DIRECTOR Date Date Daytine Prova #