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CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
SEC. OF STATE
TAMMIE D. BRYAN
TALLAHASSEE, FLA.
FILED

1. Name and Mailing Address of Corporation: **DOCUMENT # 480161 (9)**
REDI-MIX CEMENTS OF FLORIDA, INC.
11640 CAMDEN RD
JACKSONVILLE FL 32218-3902

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

FILING FEE
\$200.00

ANNUAL REPORT \$81.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address

2a. Principle Place of Business

21

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

3. Name and Address of Current Registered Agent

GIBSON, STEPHEN
RT. 2 BOX 1374
YULEE FL 32097

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11640 Camden Rd

83

84

Jacksonville FL

85 Zip Code

32218

86

Country

Duval

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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

Stephen M. Gibson

DATE **4-19-93**

12.

OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 ADDRESS

1.4 CITY-ST-ZIP

P/D/C
GIBSON, STEPHEN
RT. 2 BOX 1374
YULEE FL

2.1 TITLE

2.2 NAME

2.3 ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 ADDRESS

6.4 CITY-ST-ZIP

13.

OFFICERS AND DIRECTORS CHANGES

1.1 TITLE

1.2 NAME

1.3 ADDRESS

1.4 CITY-ST-ZIP

11640 Camden Rd
Jacksonville, FL 32218

2.1 TITLE

2.2 NAME

2.3 ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 ADDRESS

3.4 CITY-ST-ZIP

700002402217

4.1 TITLE

4.2 NAME

4.3 ADDRESS

4.4 CITY-ST-ZIP

3

5.1 TITLE

5.2 NAME

5.3 ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 ADDRESS

6.4 CITY-ST-ZIP

14. I 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. I further certify that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE

Stephen M. Gibson

DATE **4-19-93**

Print/Type Name of Signing Officer or Director

STEPHEN M GIBSON

Title(s)

PRES/D/C

Daytime Telephone Number

(904) 925-7334

CR2004 (11/92)