

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91438 011 ***150.00

DOCUMENT # 552336

1. Entity Name
**K. HERRON & SONS CONCRETE CONSTRUCTION
CO., INC.**



Principal Place of Business
**11450 S.W. 17TH STREET
DAVIE, FL 33325**

Mailing Address
**11450 S.W. 17TH STREET
DAVIE, FL 33325**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1779616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERRON, KENNETH
11460 S.W. 17TH STREET
DAVIE, FL 33325**

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

8. 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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when removing)

DATE

**FILED NOW WITH FEE OF \$150.00
After May 1, 2003 Fee will be \$500.00
Make check payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	☐ Delete
NAME	HERRON, KENNETH	
STREET ADDRESS	11450 S.W. 17TH ST	
CITY-ST-ZIP	DAVIE, FL	
TITLE	P	☐ Delete
NAME	HERRON, CARROL	
STREET ADDRESS	11460 S.W. 17TH ST	
CITY-ST-ZIP	DAVIE, FL	
TITLE	VP	☐ Delete
NAME	HERRON, KENNETH II	
STREET ADDRESS	1700 SW 115TH AVE.	
CITY-ST-ZIP	DAVIE, FL	
TITLE	S	☐ Delete
NAME	HART, KELLIE SUE	
STREET ADDRESS	1851 SW 116 AVE	
CITY-ST-ZIP	DAVIE, FL	
TITLE	V	☐ Delete
NAME	HERRON, CLAY BOY	
STREET ADDRESS	11460 SW 17TH STREET	
CITY-ST-ZIP	DAVIE, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 or 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 trustee 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2003

954-472-6811

Date

Daytime Phone #

CR2E034 (10/02)