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 MAY -1 PM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 555614 (7)

1. Corporation Name
BROTHERS CONCRETE PUMPING SERVICE, INC.

Principal Place of Business
732 N.W. 8 AVENUE
P.O. BOX 476
FT. LAUDERDALE FL 33311-7317

Mailing Address
732 N.W. 8 AVENUE
P.O. BOX 476
FT. LAUDERDALE FL 33311-7317

3. Date Incorporated or Qualified: 12/19/1977
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-1818015 ☐ 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

2. Principal Place of Business
21 1900 NW 22 Street
22 Suite, Apt # etc
23 City & State: Ft Laud FL
24 Zip: 333
25 Country

2a. Mailing Address
26 P.O. Box 476
27 Suite, Apt #, etc
28 City & State: Ft Laud, FL
29 Zip: 33302
30 Country: USA

9. Name and Address of Current Registered Agent
MERSON, STEVEN
1115 PONCE DELEON
FT. LAUDERALE FL 33315

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1900 NW 22 Street
83
84 City: Ft Aud FL
85 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 [signature] 4/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MERSON, PAUL	1.2 NAME	
STREET ADDRESS	4431 COUNTRY CLUB CIRCLE	1.3 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MERSON, LINDA	2.2 NAME	
STREET ADDRESS	4431 COUNTRY CLUB CIRCLE	2.3 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	2.4 CITY ST ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	MERSON, STEVE	3.2 NAME	
STREET ADDRESS	1511 PONCE DE LEON DR.	3.3 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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: Linda Merson V-P 4/28/95 305-731-6619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LINDA MERSON

021096 CP