

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

• PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 567116 (9)

1. Corporation Name

CUMBIE CONCRETE CONSTRUCTION COMPANY, INC.

Principal Place of Business

**4871 Woodlane Circle
Tallahassee, FL 32303
USA**

Mailing Address

**4871 Woodlane Circle
Tallahassee, FL 32303
USA**

2. Principal Place of Business

21 4871 Woodlane Circle

Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

29
Zip

30
Country

3. Date Incorporated or Qualified

03/31/1978

3a. Date of Last Report

03/28/95

4. FEI Number

59-1813610

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**B. T. Cumbie
4871 Woodlane Circle
Tallahassee, FL 32303**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 typed or printed below of registered agent and then applied to

Date: Registered Agent Signature Issued After Initial Filing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
B. T. Cymbie
STREET ADDRESS
4871 Woodlane Circle
CITY-ST-ZIP
Tallahassee, FL 32303

TITLE ☐ DELETE

NAME
Executive Vice President
STREET ADDRESS
Sandra Faircloth
CITY-ST-ZIP
228 Francis Maple Drive
Tallahassee, FL 32310

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

100001845421
-05/31/96--01019--009
*****225.00**

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)(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 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:

Sandra Faircloth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra Faircloth

May 23, 1996

904-562-3239

Date

Daytime Phone #

CR2E034 (12/95)