FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

APPROVED AND FILED
95 MAY 16 AM 9:15
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 605865 (5)

1. Corporate Name
SPARR CONCRETE PRODUCTS, INC.

Principal Place of Business	Mailing Address
12871 NE 7TH AVE CITRA FL 32113	12871 NE 7TH AVE CITRA FL 32113

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1874420 — 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, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 21 22 23 24 25
2a. Mailing Address 26 27 28 29 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LONG, MERVIN G. 100 YARDS SOUTH OF STATE ROAD 329 ON A GRA DED ROAD, ONE MILE WEST OF OLD US HWY 301 SPARR FL	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	1 TITLE	☐ Change ☐ Addition
NAME	LONG, MERVIN G	1 NAME	
STREET ADDRESS	12815 NE JACKSONVILLE ROAD	1 STREET ADDRESS	
CITY-ST-ZIP	SPARR FL 32192	1 CITY-ST-ZIP	
TITLE	V	2 TITLE	☐ Change ☐ Addition
NAME	CORMICAN, DENZIL	2 NAME	
STREET ADDRESS	12775 NE JACKSONVILLE ROAD	2 STREET ADDRESS	
CITY-ST-ZIP	SPARR FL 32192	2 CITY-ST-ZIP	
TITLE	ST	3 TITLE	☐ Change ☐ Addition
NAME	LONG, FLORENCE	3 NAME	
STREET ADDRESS	12815 NE JACKSONVILLE ROAD	3 STREET ADDRESS	
CITY-ST-ZIP	SPARR FL 32192	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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: Florence Long Florence Long — 5-16-95 — 1-904-629-0980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011663 CP