

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 # 830952 (8)

1. Corporation Name

PRE-MIX INDUSTRIES, INC.



Principal Place of Business

932 PROFESSIONAL PLACE
CHESAPEAKE VA 23320

Mailing Address

932 PROFESSIONAL PLACE
CHESAPEAKE VA 23320

3. Date Incorporated or Qualified

10/01/1973

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

BRAGG, CHARLES E.
7124 HARVARD ST.
LAKELAND FL 33803

4. FEI Number

54-0797240

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

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
JETT, C.K.
STREET ADDRESS 1509 WATSEEDGE DRIVE
CITY-ST-ZIP VA. BEACH VA

TITLE ☐ DELETE

NAME VD
JETT, CHARLES K JR
STREET ADDRESS 513 PRINCESS ANNE RD
CITY-ST-ZIP VA BCH VA

TITLE ☐ DELETE

NAME SD
ALLEN, STEPHANIE J
STREET ADDRESS 2260 WIDGEON LN
CITY-ST-ZIP VA BCH VA

TITLE ☐ DELETE

NAME T
EDWARDS, SHARON L
STREET ADDRESS 429 WOODARDS FORD RD.
CITY-ST-ZIP CHESAPEAKE, VA 00000

TITLE ☐ DELETE

NAME D
JETT, AM
STREET ADDRESS 1509 WATSEEDGE DR
CITY-ST-ZIP VA BEACH VA

TITLE ☐ DELETE

NAME ASD
JETT, ANDREW D
STREET ADDRESS 2768 GREENDALE AVE
CITY-ST-ZIP NORFOLK VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE PD ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

JETT, ANN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

(804) 547-9411

Daytime Phone #

CR2E034 (12/95)