

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

000892

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90082 044 \*\*\*150.00

DOCUMENT # 830952

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1973

4. FEI Number

54-0797240

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE

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

TITLE PD ☐ DELETE

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

TITLE SD ☐ DELETE

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

TITLE T ☒ DELETE

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

TITLE D ☐ DELETE

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

TITLE ASD ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 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

TREASURER  
KING, MICHAEL J.  
P.O. Box 133  
BATTERY PARK, VA

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL J. KING 3/8/99 (571) 547-9411

CR2E034 (11/98)