FILED

2002 UNIFORM BUSINESS REPORT (UBR)					Jan 28, 2002 8:00 am			
DOCUMENT # 854227 1. Entity Name					Secretary of State			
M & J M/	ATERIALS, INC.				01-28-2002 90042 00)9 ***1 <i>5</i> 8	3.75	
Principal Plac	e of Business	Mailing Address	**					
7561 GADSDEN HIGHWAY P.O. BOX 428 TRUSSVILLE AL 35173 TRUSSVILLE AL 35173								
		3. Mailing Address						
2. Principal P 7RUSSU Suite, Apt.	Box 42	8	DO NOT WRITE IN THIS S		11011 F10 61 1901			
7561 0	GADSDEN HWY	Suite, Apt. #, etc.				" AOL		
City & Stat / R.U.S	SVILLE AL	RVSSVILL		4. F	EI Number 63-0714398	No	oplied For ot Applicable	
3517		35173	Country USA		Dertificate of Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent				/. N	lame and Address of New Registered A	gent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			Street Ado	Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324								
			City		FL	Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or re	egistered ag	ent, or both, in the State of Florida.			
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signature	required when re	instating) DATE			
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!	!! FEE IS \$150.00)	10. Election Campaign Financing			
Tax filing requirement and elects to do so (See criteria on back) After May 1, 2002 Fe Make Check Payable to					Trust Fund Contribution.		0 May Be to Fees	
11.	OFFICERS AND D		12.		DITIONS/CHANGES TO OFFICERS AND	DIRECTOR:	S IN 11	
TITLE	PD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	HOPSON, FRANK, III		NAME STREET ADDRESS					
CITY-ST-ZIP	HWY. 11 N. TRUSSVILLE AL		CITY-ST-ZIP					
TITLE	S	☐ Delete	TITLE			☐] Change	☐ Addition	
NAME CTREET ADORESCE	KELL, JOYCE L		NAME				1	
STREET ADDRESS CITY-ST-ZIP	7561 GADSDEN HWY TRUSSVILLE AL 35173		STREET ADDRESS CITY-ST-ZIP					
TITLE .	VD	☐ Delete	TITLE			[] Change	☐ Addition	
NAME STREET ADDRESS	RUSSELL, JOHN W.		NAME STREET ADDRESS					
CITY-ST-ZIP	HWY. 11 N. TRUSSVILLE AL		CITY-ST-ZIP					
TITLE	VP	☐ Delete	TITLE			Change	☐ Addition	
NAME	DRAKE, LAVON		NAME					
STREET ADDRESS CITY-ST-ZIP	7561 GADSDEN HWY TRUSSVILLE AL 35173		STREET ADDRESS CITY-ST-ZIP					
TITLE	VCFO	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	DESHAZO, RICHARD L		NAME				ĺ	
STREET ADDRESS CITY-ST-ZIP	7561 GADSDEN HIGHWAY TRUSSVILLE AL 35173		STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
	ertify that the information supplied with t	his filing does not qualify for		I in Section 1	19.07(3)(i), Florida Statutes. I further certi	ify that the ir	nformation	

In 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Community

Community KAZO- CHIEF FINANCIA DIFICEA