FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 6:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F07996** **(4)**

1. Corporation Name
KEYS CONCRETE INDUSTRIES, INC.

Principal Place of Business	Mailing Address
11913 SR 54 ODESSA FL 33556 US	P.O. BOX 679 ELFERS FL 34660

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/05/1980**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 **11913 SR 54**
22 Suite, Apt. #, etc.
23 City & State: **Odessa Florida**
24 Zip: **3556** 25 Country: **USA**

2a. Mailing Address
26 **P.O.Box 679**
27 Suite, Apt. #, etc.
28 City & State: **Elfers Florida**
29 Zip: **34680** 30 Country: **USA**

4. FEI Number: **59-2037166** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KEYS, GLEN
11913 SR 54
ODESSA FL 34680

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE		☐ Change ☐ Addition
NAME	KEYS, GLEN,	12 NAME		
STREET ADDRESS	P.O. BOX 679 N/A	13 STREET ADDRESS		
CITY-ST-ZIP	ELFERS FL 34680	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	KEYS, MARTHA	22 NAME		
STREET ADDRESS	P O BOX 679 N/A	23 STREET ADDRESS		
CITY-ST-ZIP	ELFERS FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	SECRETARY/VICE PRES.	☒ Change ☐ Addition
NAME	STOCKSTILL FRANK T.	32 NAME		
STREET ADDRESS	P O BOX 679 N/A	33 STREET ADDRESS		
CITY-ST-ZIP	ELFERS FL	34 CITY-ST-ZIP		
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	KEYS, CLYDE J.	42 NAME		
STREET ADDRESS	P O BOX 679 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	ELFERS FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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(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 the 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: Frank T. Stockstill 3/12/95 813-272-1355
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — Daytime Phone #

0480417 FP