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

FILED
Feb 13, 1996 08:00 AM
Secretary of State

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

1. Corporation Name

KEYS CONCRETE INDUSTRIES, INC.

Principal Place of Business

11913 SR 54
ODESSA FL 33556
US

Mailing Address

P.O. BOX 679
ELFERS FL 34660

3. Date Incorporated or Qualified: **12/05/1980**

3a. Date of Last Report: **04/18/1995**

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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
Signature of a corporate officer or director (Section 607.0505 or 607.1508) — Signature of a New Registered Agent (required if a new agent is listed) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KEYS, GLEN,	1.2 NAME	
STREET ADDRESS	P.O. BOX 679 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELFERS FL 34680	1.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KEYS, MARTHA	2.2 NAME	
STREET ADDRESS	P O BOX 679 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELFERS FL	2.4 CITY-ST-ZIP	
TITLE	SVP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STOCKSTILL FRANK T.	3.2 NAME	
STREET ADDRESS	P O BOX 679 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELFERS FL	3.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KEYS, CLYDE J.	4.2 NAME	
STREET ADDRESS	P O BOX 679 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELFERS FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE: Frank T. Stockstill, V.P. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1/26/96 (DATE) — (813) 372-1355 (Daytime Phone)

FRANK T. STOCKSTILL

CR2E034 (12/95)