## FILE NOW: FILING FEE AFTER MAY 1 18 \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B, Mortham ANNUAL REPORT Secretary of State 1995 **DIVISION OF CORPORATIONS** 95 FEB 28 PH 3: 46 DOCUMENT # F1454 SECRETARY OF STATE TALLAHASSEE, FLORIDA FORT WALTON CONCRETE, INC. Principal Place of Business Mailing Address SED CAMPBELL ROAD 930 CAMPBELL ROAD CENTURY FL 32535 CENTURY FL 32535 DO NOT WRITE IN THIS SPACE. 3. Date incorporated or Qualified 3a. Date of Last Report 01/13/1981 03/15/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2052316 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Z'n Country Zip Country This corporation has liability for Intangible tax under S. 199.032, 25 29 30 Yes □No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CAMPBELL, JAMES E. Street Address (P.O. Box Number is Not Acceptable) 720 CAMPBELL ROAD 83 **CENTURY FL 32535** 84 City 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 proted name of registered agent and tate if applicable (NOTE: Registered Agent signature required which renotating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD 1 1 1111 6 Change \_ Addition CAMPBELL, JAMES E. NAME 1.2 NAME 720 CAMPBELL ROAD STREET ADDRESS 1.3 STREET ADDRESS CENTURY FL CITY-ST-ZIP 1.4 CITY - ST-ZIP TITLE STD 2.1 TITLE Change Addition NAME CAMPBELL, TOMME M. 2.2 NAME STREET ADORESS 720 CAMPBELL ROAD 2.3 STREET ADDRESS CENTURY FL CITY-ST-ZIF 2 4 CITY - ST-ZIP TITLE 3.1 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST-ZIP TITLE 4 t Ditte Change Addition NAME 4.2 HAME STREET ADDRESS 4.3 STHEET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP TITLE 5 I TITLE Chango Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-SI-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 algusture shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address. DE MINISTER OF DIRECTOR SIGNATURE:

E. Campiell

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