2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State **DOCUMENT # F14543** 1. Entity Name 04-25-2001 90002 026 ***150.00 FORT WALTON CONCRETE, INC. Mailing Address Principal Place of Business 930 CAMPBELL ROAD 930 CAMPBELL ROAD CENTURY FL 32535 CENTURY FL 32535 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2052316 Not Applicable \$8.75 Additional Fee Required Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6: Name and Address of Current Registered Agent Name CAMPBELL JAMES E. Street Address (P.O. Box Number is Not Acceptable) 720 CAMPBELL ROAD **CENTURY FL 32535** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Addition ☐ Delete NNLE CAMPBELL, JAMES E. NAME STREET ADDRESS 720 CAMPBELL ROAD STREET ADDRESS CITY-ST-ZIP CENTURY FL 32535 CITY-ST-2IP ☐ Addition ☐ Channe ☐ Delete TITLE TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 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**

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