2004 FOR PROFIT CORPORATION

May 03, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F14543 05-03-2004 91217 038 ***150.00 1. Entity Name FORT WALTON CONCRETE, INC. Principal Place of Business Mailing Address 930 CAMPBELL ROAD 930 CAMPBELL ROAD 24066563 CENTURY, FL 32535 CENTURY, FL 32535 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272004 Cho-P CB2F034 (10/03) City & State City & State 4 FEI Number Applied For 59-2052316 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMPBELL, JAMES E Street Address (P.O. Box Number is Not Acceptable) 720 CAMPBELL ROAD CENTURY, FL 32535 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CAMPBELL, JAMES E. NAME STREET ADDRESS 720 CAMPBELL ROAD STREET ADDRESS CITY-ST-7IP CENTURY, FL 32535 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change Addition Campbell, James E, 930 Campbell Road CAMPBELL, JAMES G NAME NAME STREET ADDRESS 930 CAMBELL RD STREET ADDRESS entury, FL 32535 CITY-ST-7IP CENTURY, FL 32535 CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

FILED