2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 17, 2000 8:00 am Secretary of State **DOCUMENT # F28795** 1. Entity Name HOWIE CONCRETE PRODUCTS CO. 03-17-2000 90067 021 ***150.00 Mailing Address Principal Place of Business 30463 HAWK LANE 2817 CENTRAL AVE BIG PINE KEY FL 33043-5111 BIG PINE KEY FL 33043 くゃしんしい 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2053564 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARKER, DOUGLAS S. Street Address (P.O. Box Number is Not Acceptable) 30463 HAWK LANE **BIG PINE KEY FL 33043** Zip Code City FL entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete TITLE PARKER, LUCILLE NAME NAME STREET ADDRESS STREET ADDRESS 23068 BLUEGILL LANE CITY-ST-ZIP CITY-ST-ZIP SUMMERLAND KEY FL Change ☐ Addition ☐ Delete TITLE NAME PARKER, DOUGLAS S. STREET ADDRESS STREET ADDRESS 30463-HAWK-LN CITY-ST-ZIP CITY-ST-ZIP BIG PINE KEY FL Change Addition ☐ Delete TITLE NAME PARKER, CHRISTINA NAME STREET ADDRESS STREET ADDRESS 30463 HAWK LANE CITY-ST-ZIP CITY-ST-7IP BIG PINE KEY FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 eath; that I am an officer or director of the corporation or the receive 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

SIGNATURE:

R PRINTED NAME OF SIGN