2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmer

FILED Jan 14, 2000 8:00 am Secretary of State DOCUMENT # F9300001880 SHEAR CONCRETE PRODUCTS COMPANY 01-14-2000 90021 022 ***158.75 Mailing Address Principal Place of Business EAST ROBERTS ROAD P O BOX 2525 MOBILE AL 36652-2525 CANTONMENT FL C0003129 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 62-1530239 Not Amilia 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 . • CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE DATE Signature, typed or printed name of registered 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE TITLE ☐ Delete HoThister, R.H. NAME NAME HOLLISTER, R. HUSTON 151, Hamilton Blud STREET ADDRESS STREET ADDRESS 224 E. LAKEWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36608 ☐ Change ☐ Delete TITLE TITLE NAME OVERSTREET, JAMES S NAME STREET ADDRESS STREET ADDRESS P O BOX 2566 CITY-ST-ZIP CITY-ST-ZIP MADISON MS D --- ---☐ Change Delete TITLE NAME MEGEHEE, CARL A STREET ADDRESS STREET ADDRESS 726 DELMAS AVENUE CITY-ST-ZIP CITY-ST-ZIP PASCAGOULA MS _ * 1000 ☐ Change ☐ Delete TITLE TITLE FRENCH, J.S.M. NAME STREET ADDRESS STREET ADDRESS 3900 AIRPORT ROAD CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35202** _ ☐ Change ☐ Delete TITLE TITLE NAME GOLDIN, MARTIN C NAME STREET ADDRESS STREET ADDRESS SEAWAY ROAD CITY-ST-ZIP CITY-ST-ZIP **GULFPORT MS 39505** Addition ☐ Delete TITLE TITLE NAME NAME HOLLISTER, R K JR. STREET ADDRESS STREET ADDRESS **608 MARTIN STREET** CITY-ST-ZIP CITY-ST-ZIP PASCAGOULA MS 39567 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60