

Public Access System

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To:

Division of Corporations

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: (850)205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

REGISTERED AGENT CHANGE

PRESSURE CONCRETE, INCORPORATED

Certificate of Status	0
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SACHROIR PURCHASH

Cornorate Films

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AUG-04-2004	14:01
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G-04-2004 14:01 CT CORPORATION STATEMENT OF CHANGE OF REGISTERED OFFICE OF REGISTERED AGENT OR BOTH FOR CORPORATIONS

			607.1508, or 617.1508, Florida Statutes, vized under the laws of the State of		
Alabama			e or registered agent, or both, in the State		
of Florida.					
	I. The name of the corporation: Pressure Concrete, Incorporated				
2. The principal office address: 4158 Musgrove Drive, Florence, Alabama 35630					
3. The mailing	address (if different):				
4. Date of inco	poration/qualification: 5-2-1	994	Document number: F94000002242		
	nd street address of the curre artment of State:	nt registered agent	and registered office on file with the		
•		tice-Hall Corporation	System		
	120	I Hays Street, Suite I	05		
Tallahassec, FL 32301					
6. The name a changed):	nd street address of the ne	w registered agent	(if changed) and /or registered office (if		
Cimilecty.	C T Corporation System				
c/o C T Corporation System					
		personal mailbox NOT ac			
	1200 South Pine I	sland Road, Plantatio	n, Florida 33324		
The street addragent, as change	ess of its registered office a ed will be identical.	nd the street addre	ess of the business office of its registered		
Such change w	as authorized by resolution he board or the corporation	duly adopted by it has been notified	ts board of directors or by an officer so in writing of the change.		
	, chairman or vice chairman of the board		el Bruce Dalton, Secretary		
I herebyticcept Literature agree performance of	The appointment as registe to comply with the provision my dities, and I am famili-	red agent and agr ns of all statutes r ar with and accent	•		
	Corporation System	n por ación nas oce			
By: Dale	1. mons		8-2-04		
If signing on beha	lignature of Registered Agent) If of an entity: ARRISTANT VIC.		(Date)		
	Typed or Printed Name)	h 151-711/2/11/11/11/11/11/11/11/11/11/11/11/11	(Capacity)		
	* * * FII	LING FEE: \$35.0	0 * * *		

Make checks payable to Florida Department of State and Mail to: Division of Cordorations, P.O. Box 6327, Tallahassee, FL 32314.