

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90199 004 ***150.00

DOCUMENT # F94000002242
1. Entity Name
PRESSURE CONCRETE, INCORPORATED



Principal Place of Business
**4158 MUSGROVE DR
FLORENCE AL 35630
US**

Mailing Address
**P OBOX 1303
FLORENCE AL 35630
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **63-1104786**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CARROLL, DAVID B	
STREET ADDRESS	4158 MUSGROVE DR	
CITY-ST-ZIP	FLORENCE AL 35630	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOTHARD, QUENTION	
STREET ADDRESS	1249 SHALLEN AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROSE, JEAN	
STREET ADDRESS	1843 TUNE AVE.	
CITY-ST-ZIP	FLORENCE AL 35630	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUMBLE, W. GARY	
STREET ADDRESS	1655 COUNTRY CLUB DR	
CITY-ST-ZIP	KILLEN AL 35645	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dalton, Samuel B	
STREET ADDRESS	2017 Stoddard Drive	
CITY-ST-ZIP	FLORENCE, AL 35630	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel B Dalton **REQUIRED** Date: 1-13-03 Daytime Phone #: 256-764-5941

CR2E034 (10/02)