

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90106 023 ***150.00

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1. Entity Name

REAMES CONCRETE COMPANY



Principal Place of Business
1208 CYPRESS STREET
VALDOSTA GA 31601

Mailing Address
P.O. BOX 458
VALDOSTA GA 31603



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 58-1582935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 ☐ Delete
NAME REAMS, D. JEFF
STREET ADDRESS 5977 OUSLEY RD
CITY-ST-ZIP VALDOSTA GA 31601

TITLE STD ☒ Delete
NAME DELOACH, RICHARD A
STREET ADDRESS 5154 SNAKE NATION ROAD
CITY-ST-ZIP HAHIRA GA

TITLE VP ☐ Delete
NAME REAMES, BRAD A
STREET ADDRESS 5977 OUSLEY RD
CITY-ST-ZIP VALDOSTA GA 31601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Jim Cleveland
CITY-ST-ZIP 3637 Victoria Dr.
Valdosta, GA. 31605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS Trey Odum
CITY-ST-ZIP 1016 Cherrywood Circle
Valdosta, GA. 31602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Jim Cleveland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07

Date

229-244-9286

Daytime Phone #