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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000006334 (3)

1. Corporation Name

ASSOCIATION OF INDEPENDENT QUIKRETE LICENSEES, I
NC.

Principal Place of Business

PO BOX 4048
WICHITA KS 67204

Mailing Address

PO BOX 4048
WICHITA KS 67204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

41-1761449

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

N/A No change

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME RITCHIE, HALE D JR
STREET ADDRESS 2020 N. AMIDON
CITY-ST-ZIP WICHITA KS 67203

TITLE V
NAME JETT, CHARLES K
STREET ADDRESS 932 PROFESSIONAL PLACE
CITY-ST-ZIP CHESAPEAKE VA 23320

TITLE S
NAME DOHERTY, DARREN
STREET ADDRESS RT 52 (LEETOWN ROAD)
CITY-ST-ZIP STORMVILLE NY 12582-0408

TITLE T
NAME LAW, ALLEN
STREET ADDRESS 8018 STEWART AVE.
CITY-ST-ZIP FREMONT CA 94538

TITLE D
NAME SEIS, STUART
STREET ADDRESS 2700 2ND ST., S.W.
CITY-ST-ZIP ALBUQUERQUE NM 87102

TITLE D
NAME MURPHY, TIM
STREET ADDRESS E 16310 MARIETTA AVE.
CITY-ST-ZIP SPOKANE WA 99216

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D
12 NAME Bill Manning
13 STREET ADDRESS 6981 E. Evans Rd.
14 CITY-ST-ZIP San Antonio, TX 78266-2813

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:

4/17/98

(316) 838-9301

CR2E034 (10/97)