FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 29, 2002 8:00 am § Secretary of State DOCUMENT # K90267 1. Entity Name 05-29-2002 90738 027 ***550.00 SOUTHERN CONCRETE PAVERS, INC. Principal Place of Business Mailing Address 1581 W. GULF TO LAKE HIGHWAY 1581 W. GULF TO LAKE HIGHWAY LECANTO FL 34461 LECANTO FL 34461 2. Principal Place of Business 3. Mailing Address 2240 N.SKEETERTER 2240 N. SKEETEK Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Gity & State City & State 4. FEI Number Applied For 59-2954016 HERNAN DO HERNANDO Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRIAN BELCASTRO BRESNAHAN, LORENA 🚉 🚉 🗀 Street Address (P.O. Box Number is Not Acceptable) 1581 W. GULF TO LAKE HWY. LECANTO FL 34461 5495 E. MIMOSA 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT TITLE Delete TITLE Change BRIAN BELCASTEO NAME BRENAHAN, LORENA NAME 5495 E. MIMOSA LN STREET ADDRESS 5701 S. PINE TREE PT. STREET ADDRESS CITY-ST-ZIP INVERNESS, FL VICE-PRESIDENT LECANTO FL CITY-ST-ZIP TITLE Delete TITLE Addition PAUL D. HARRISON NAME BRESNAHAN, MIKE NAME 8071 N.W. 44 TH COURT STREET ADDRESS 5701 S. PINETREE PT. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 33351 LECANTO FL LAUDER HILL, TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ---TITLE. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP □ Defete TITLE ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS