

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90159 020 ***150.00

DOCUMENT # K95105

1. Corporation Name

GRISWOLD READY MIX CONCRETE, INC.



Principal Place of Business

11660 CAMDEM RD
JACKSONVILLE FL 32226
US

Mailing Address

POST OFFICE BOX 28578
JACKSONVILLE FL 32226
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1989

4. FEI Number

59-2956568

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 the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GRISWOLD, LARRY
5542 JAMES C. JOHNSON RD
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name

Sherrine Griswold

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

629 Renne Dr. N.

83

84 City

Jacksonville

FL

85 Zip Code

32218

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

Sherrine Griswold

(NOTE: Registered Agent signature required when reinstating)

2/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GRISWOLD, SHERRINE
STREET ADDRESS 5470 JAMES C. JOHNSON
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE V
NAME GRISWOLD, LARRY JR.
STREET ADDRESS 10568 PINE ESTATES RD., EAST
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE ST
NAME GRISWOLD, LARRY SR.
STREET ADDRESS 5542 JAMES C. JOHNSON ROAD
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

ST Mabrine H. Griswold

5542 James C. Johnson Rd.

Jacksonville, FL 32218

P Sherrine Griswold

629 Renne Dr. N.

Jacksonville, FL 32218

☒ Change ☒ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherrine Griswold Sherrine Griswold 2/10/99 904 696 1453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)