FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 19, 2002 8:00 am Secretary of State DOCUMENT # L00095 09-19-2002 90160 006 ***550.00 J & S MASONRY AND CEMENT, INC. Principal Place of Business Mailing Address 4802 HORTON RD 107 W. 9TH ST. PLANT CITY FL 33567-8139 LAKELAND FL 33805 2. Principal Place of Business 3. Mailing Address るショス Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2953784 Cil Not Applicable Country \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARK, EVELYN Box Number is Not Acceptable) Street Address (P.O. 223 W. VALENCIA ST. LAKELAND FL 33805 8. The above named entity submits this statement for the purpose of changing its registered office or registered agera, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Θ ; . (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ÎTLE ☐ Delete TITLE Change ☐ Addition NAME NAME CRAYTON, RANDOLPH STREET ADDRESS STREET ADDRESS 2212 HWY 60 E CITY-ST-ZIP CHTY-ST-ZIP PLANT CITY FL ☐ Addition TITLE Change TITLE NAME CLARK, EVELYN STREET ADDRESS STREET ADDRESS 223 W. VALENCIA ST. CITY-ST-ZIP CITY-ST-ZIP Lakeland FL Addition Delete TITLE ☐ Change TITLE NAME NAME CRAYTON, MARY STREET ADDRESS STREET ADDRESS 4802 HARTON RD. CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL Change ☐ Addition TITLE Delete TITLE NAME RIVERS, SHAUNTEL STREET ADDRESS STREET ADDRESS 715 W. CRAWFORD ST. CITY-ST-ZIP CITY-ST-ZIP Lakeland FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

SIGNATURE:

changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with all other like empowered.

9/13/02

Daytime Phone #