FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 PM 2:09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **L83803** **(1)**

1. Corporation Name
CONCRETE BUILDING SYSTEMS, INC.

Principal Place of Business
~~764 MICHAEL DRIVE~~
~~KEY LARGO FL 33037~~
11579 46 PL N
Royal Palm Bch Fla 33411

Mailing Address
5652 CENTRALIA
DEARBORN HGTS MI 48127
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1990
3a. Date of Last Report: 07/11/1994

2. Principal Place of Business
21: 11579 46 Place N
22 Suite, Apt. #, etc.: Royal Palm Bch
23 City & State: Florida
24 Zip: 33411
25 County: USA

2a. Mailing Address
26: 5652 Centralia
27 Suite, Apt. #, etc.: Dearborn Hgts
28 City & State: Michigan
29 Zip: 48127
30 County: WAYNE

4. FEI Number: 59-3140540 — 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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MANNO, FRANCES R.
1120 LEONE DR
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

01 Name: FRANCES MANNO CSONT
02 Street Address (P.O. Box Number is Not Acceptable): 5652 Centralia 11579 46 Place North
03: Dearborn Heights Royal Palm Bch
04 City: Florida MICH 05 Zip Code: ~~48127~~ 33411

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: Frances Manno Csont - CEO — FRANCES MANNO CSONT — DATE: 3-27-95
(Signature, first and printed name of registered agent and title if applicable) (CORP. Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	11 TITLE	President	☐ Change ☒ Addition
NAME	FRANCES MANNO CSONT	12 NAME	ERNEST CSONT	
STREET ADDRESS	5652 CENTRALIA	13 STREET ADDRESS	5652 CENTRALIA	
CITY-ST-ZIP	DEARBORN HGTS. MI 48127	14 CITY ST ZIP	Dearborn Hgts MI 48127	
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	RICHARD FORD,	22 NAME		
STREET ADDRESS	764 MICHAEL DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037	24 CITY ST ZIP		
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

4 DEPOSITES BY BANK 4-20-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Frances Manno Csont - CEO — 3/27/95 — 401-793-2353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRANCES MANNO CSONT

0478048 FP