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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:45

DOCUMENT # **L88855** **(6)**

1. Corporation Name

S AND H CONCRETE, INC.

Principal Place of Business	Mailing Address
952 GREENSBORO RD NE P O BOX 3680 EATONTON GA 31024-0680 US	952 GREENSBORO RD NE P O BOX 3680 EATONTON GA 31024-0680 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/20/1990	01/25/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 58-1906232 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NICKENS, DAN A. 1227 MARSHALL FARMS RD OCOEE FL 34761	81 Name 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when submitting

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	N/A	☒ Change ☐ Addition
NAME	SAUNDERS, JOHN	12 NAME		
STREET ADDRESS	RT 6, BOX 90	13 STREET ADDRESS		
CITY ST ZIP	DEFUNIAK SPRINGS FL	14 CITY ST ZIP		
TITLE	VTD	21 TITLE	P/T/D	☒ Change ☐ Addition
NAME	HOLMES, JAMES D.	22 NAME	HOLMES, JAMES D	
STREET ADDRESS	6636 BITTERSWEET LANE	23 STREET ADDRESS	6636 BITTERSWEET LANE	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	ORLANDO, FL	
TITLE	S	31 TITLE	VP/S/D	☒ Change ☐ Addition
NAME	HOLMES, KATHRYN C	32 NAME	HOLMES, KATHRYN C.	
STREET ADDRESS	366 OLD PHOENIX RD NE	33 STREET ADDRESS	366 OLD PHOENIX RD NE	
CITY ST ZIP	EATONTON GA	34 CITY ST ZIP	EATONTON, GA	
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		

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 if changed, or on an attachment with an address.

SIGNATURE: Kathryn C. Holmes KATHRYN C. HOLMES, VP/SEC 3/23/95 (706) 485-5823
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #