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 MAY 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # M80235 (8)

1. Corporation Name
FABRICANT, WEISSMAN & DARBY, P.A.

Principal Place of Business	Mailing Address
C/O HAROLD W. MULLIS, JR. 2002 N. LOIS AVE., SUTIE 630 TAMPA FL 33607	C/O HAROLD W. MULLIS, JR. 2002 N. LOIS AVE., SUTIE 630 TAMPA FL 33607

3. Date Incorporated or Qualified: 05/06/1988
3a. Date of Last Report: 04/20/1994

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

4. FEI Number: 59-2887694 — 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
MULLIS, HAROLD W., JR. 2700 BARNETT PLAZA 101 EAST KENNEDY BLVD. TAMPA FL 33602	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FABRICANT, NEIL H.	1.2 NAME	
STREET ADDRESS	2002 N LOIS AVE ST 630	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95 — Date

813-877-7150 — Daytime Phone #

0202037 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # M80863 (7)

1. Corporation Name

J.M. FIKE COMPANY, INC.

Principal Place of Business: 4141 MOWREY RD, P.O. BOX 1663, ZEPHYRHILLS FL 33543, US

Mailing Address: 501 S FAULKENBERG ROAD SUITE D-18, P.O. BOX 1663, BRANDON FL 33509

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1988

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2892576 — 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 [X] Yes [ ] No

2. Principal Place of Business: 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address: 26 4141 MOWREY ROAD / 27 Suite, Apt. # etc. / 28 ZEPHYRHILLS, FL / 29 33543 / 30 PASCO

9. Name and Address of Current Registered Agent

FIKE, JAMES M., JR.
32532 GREENWOOD LOOP
ZEPHYRHILLS FL 33544

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FIKE, JAMES M., JR.
STREET ADDRESS	32532 GREENWOOD LOOP
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	STD
NAME	FIKE, HELEN E.
STREET ADDRESS	32532 GREENWOOD LOOP
CITY-ST-ZIP	ZEPHYRHILLS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(blank entries 1–6: Title, Name, Street Address, City-St-Zip; [ ] Change [ ] Addition)

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: Helen E. Fike — 5/15/95 — (813) 788-9403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: HELEN E. FIKE, Vice Pres.

0288823 CP

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 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M81012** **(0)**

1. Corporation Name
B & J CONCRETE, INC.

Principal Place of Business
% BILL M. FOSTER
1025 BUTTERCUP DRIVE
LAKELAND FL 33801

Mailing Address
% BILL M. FOSTER
1025 BUTTERCUP DRIVE
LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/16/1988**
3a. Date of Last Report: **03/10/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-2888084** ☐ 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

FOSTER, BILL M.
1025 BUTTERCUP DRIVE
LAKELAND FL 33801

10. Name and Address of New Registered Agent

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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 12	
101 TITLE	PT	111 TITLE	☐ Change ☐ Addition
102 NAME	FOSTER, BILL MARTIN	112 NAME	
103 STREET ADDRESS	1025 BUTTERCUP DR.	113 STREET ADDRESS	
104 CITY ST ZIP	LAKELAND FL	114 CITY ST ZIP	
201 TITLE	SV	211 TITLE	☐ Change ☐ Addition
202 NAME	FOSTER, LOUISE A.	212 NAME	
203 STREET ADDRESS	1025 BUTTERCUP DR.	213 STREET ADDRESS	
204 CITY ST ZIP	LAKELAND FL	214 CITY ST ZIP	
301 TITLE		311 TITLE	☐ Change ☐ Addition
302 NAME		312 NAME	
303 STREET ADDRESS		313 STREET ADDRESS	
304 CITY ST ZIP		314 CITY ST ZIP	
401 TITLE		411 TITLE	☐ Change ☐ Addition
402 NAME		412 NAME	
403 STREET ADDRESS		413 STREET ADDRESS	
404 CITY ST ZIP		414 CITY ST ZIP	
501 TITLE		511 TITLE	☐ Change ☐ Addition
502 NAME		512 NAME	
503 STREET ADDRESS		513 STREET ADDRESS	
504 CITY ST ZIP		514 CITY ST ZIP	
601 TITLE		611 TITLE	☐ Change ☐ Addition
602 NAME		612 NAME	
603 STREET ADDRESS		613 STREET ADDRESS	
604 CITY ST ZIP		614 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 correct 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 added on an attachment with an address.

SIGNATURE: Louise A. Foster **Louise A. Foster V.P.** **5-17-95** **813-666-5617**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0446749 FP