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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M88593 (2)

FILED Mar 02 1998 8:00am Secretary of State

JEFF FUTRELL CONCRETE, INC. Principal Place of Business Mailing Address 761 CROSS BOW LANE 761 CROSS BOW LANE SANFORD FL 32773 SANFORD FL 32773 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2895501 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intengible 24 25 30 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FUTRELL, JEFFREY L. 761 CROSS BOW LN Street Address (P.O. Box Number is Not Acceptable) 62 SANFORD FL 32773 83 84 City 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 Stgnature, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 11 TITLE TITLE FUTRELL, JEFFREY L. 12 NAME NAME 761 CROSS BOW LN 1.3 STREET ADDRESS STREET ADDRESS SANFORD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME FUTREUL, JEFFREY L. 2.2 NAME 761 CROSS BOW LN STREET ADDRESS 2.3 STREET ADDRESS SANFORD FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE. 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP DELETE TITLE 5.1 TITLE Change ☐ Addition NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** 54 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE MAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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

'GNATURE:

2-22-98