

5/22

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90043 005 \*\*\*150.00

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT  
 CORPORATION  
 ANNUAL REPORT  
 2001.**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P000000013536**

1. Corporation Name

M B C CONCRETE, Inc

Principal Place of Business

1935 ECTOR ROAD

Mailing Address

SAME

JACKSONVILLE, FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2-01-2000

2. Principal Place of Business

21 1935 ECTOR RD

2a. Mailing Address

26 1935 ECTOR RD

4. FEI Number

59-3624089

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

22 City & State  
 23 JACKSONVILLE, FL

27 City & State  
 28 JACKSONVILLE, FL

6. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00 May Be  
 Added to Fees**

24 Zip Country  
 32211 DUVAL

29 Zip Country  
 32211 DUVAL

8. This corporation owes the current year intangible  
 Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JAMES BARGE  
 1935 ECTOR RD  
 JACKSONVILLE, FL 32211

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12 June 01

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JAMES BOYD	
STREET ADDRESS	1570 AMBERLEK N.	
CITY-ST-ZIP	DUNNEDIN, FL 34698	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	TIMOTHY CAMPBELL	
STREET ADDRESS	12001 BELCHER RD. #C-48	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Apr. 01

904-703-7304

Date

Daytime Phone

CR2E034 (11/98)