2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 10, 2004 08:00 AM DOCUMENT # P00000018310 **Secretary of State** 1. Entity Name RGI CONCRETE CONTRACTORS, INCORPORATED Principal Place of Business Mailing Address 1015 ATLANTIC BLVD. 1015 ATLANTIC BLVD. SUITE 240 ATLANTIC BEACH FL 32233 SUITE 240 ATLANTIC BEACH FL 32233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3686596 Not Applicable Zip Country Zιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOULD, STEPHEN A ESQ. Street Address (P.O. Box Number is Not Acceptable) 444 THÍRD STREET NEPTUNE BEACH FL 32266 City Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little 4 applicable DATE (NOTE: Registered Agent signature required whon roinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VPTD ☐ Change ☐ Delete RILE Addition TITLE NAME LEINENWEBER, ROBERT R NAME STREET ADDRESS 1015 ATLANTIC BLVD., SUITE 240 U00000083911 STREET ADDRESS na/10/04-80058-019 150.00 CITY-ST-ZIP ATLANTIC BEACH FL 32233 CITY - ST - 78P VPD ☐ Delete TITLE Change Addition TETLE NAME LEINENWEBER, MICHAEL MAME 1015 ATLANTIC BLVD., SUITE 240 STREET ADDRESS STREET ADDRESS ATLANTIC BEACH FL 32233 CITY - ST - ZIP CITY - ST-ZIP Defete TEELE ☐ Change ☐ Addition TITLE DAVIS, WILLIAM J NAME NAME STREET ADDRESS STREET ADDRESS 1015 ATLANTIC BLVD #240 CITY-ST-ZIP CITY-ST-ZIF ATLANTIC BEACH FL 32233 ☐ Change ☐ Addition ☐ Delete THE TITLE NAME LEINENWEBER, LARA NAME 1015 ATLANTIC BLVD #240 STREET ADDRESS STREET ADDRESS ATLANTIC BEACH FL 32233 CHY-ST-ZW CRY-ST-78P TELE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change Addition TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

WILLAM F. DAVIG, FR.

SIGNATURE:

FILED