FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 27, 2002 8:00 am Secretary of State P00000031978 DOCUMENT # 1. Entity Name DAVE GARNER'S CONCRETE, INC. 05-27-2002 90342 034 ***150.00 Principal Place of Business Mailing Address 750 MARLLO ROAD 750 MARILLO ROAD KISSIMMEE FL 34744 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3590357 Not Applicable Country 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 Name GARNER, DAVE Street Address (P.O. Box Number is Not Acceptable) 750 MARLLO ROAD KISSIMMEE FL 34744 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)Change ☐ Addition TITLE ☐ Delete TITLE GARNER, DAVE NAME NAME 750 MARLLO ROAD STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ·⊡'Delete ⁻~-गाम्बर च्या च्या च्या Tarilla Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

(407)468-3694

Daytime Phone #