2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am Secretary of State DOCUMENT # P00000116856 1. Entity Name A MITCHELL CONCRETE INC. 05-10-2001 90157 009 ***150.00 Principal Place of Business Mailing Address 3773 CENTRAL AVE STE A481 3773 CENTRAL AVE STE A481 ST PETERSBURG FL 33713 ST PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65–1070385 City & State City & State Applied For Not Applicable Country Zip Country Zip \$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 WINEBRENNER, J M Street Address (P.O. Box Number is Not Acceptable) 3773 CENTRAL AVE STE A481 ST PETERSBURG FL 33713 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE ☐ Delete TITLE **PSD** NAME NAME MITCHELL, ANDREW SR STREET ADDRESS STREET ADDRESS 6001 LEELAND ST S CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33715 Addition Change TITLE VP/SCEY TITLE ☐ Delete NAME NAME CYNTHIA MITCHELL STREET ADDRESS STREET ADDRESS 6001 LEELAND ST SOUTH CITY-ST-7IP CITY-ST-ZIP ST PETERSBURG FL 33715 ☐ Change Addition _ Delete --- ----TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 given high employments.

ANDREW MITCHELL SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

727/327-1202

Daytime Phone #