FILED
Apr 10, 2003 8:00 am
Secretary of State
03-31-2003 90120 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000000573

1. Entity Name
MCLEOD'S CONCRETE, INC.

Principal Place of Business	Mailing Address
2322 CANAL DR NICEVILLE FL 32478	2322 CANAL DR NICEVILLE FL 32478

2. Principal Place of Business	3. Mailing Address
409 Brown PL	409 Brown PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crestview FL	City & State: Crestview FL
Zip: 32539 Country: Okaloosa	Zip: 32539 Country: Okaloosa

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0533389 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCLEOD, ANGUS 2322 CANAL DR NICEVILLE FL 32478	Name: Street Address (P.O. Box Number is Not Acceptable): 409 Brown PL City: Crestview FL Zip Code: 32539

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 Honour McLeod (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE January 7, 2003

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MCLEOD, ANGUS 2322 CANAL DR NICEVILLE FL 32478 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] 409 Brown PL Crestview FL 32539 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCLEOD, HONOUR 2322 CANAL DR NICEVILLE FL 32478 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President McLeod, [illegible] Crestview FL 32539 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Honour McLeod (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) January 7, 2003 (Date) (850) 598-5626 (Daytime Phone #)