2003 FOR PROFIT CORPORATION

May 21, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR 04-29-2003 90074 003 ***150.00 **DOCUMENT #** P02000113601 1. Entity Name FLORIDA TIMBERCRETE, INC. 55842445 Principal Place of Business Mailing Address 2441 FOXWOOD ROAD SOUTH 1001 WILDWOOD ROAD ORANGE PARK FL 32073-6018 GREEN COVE SPRINGS FL 32043 2. Principal Place of Business 3. Mailing Address 1850 CARNATION STREET Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 56-229869 FER NANDINA Not Applicable Zip 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 FREEMAN-RICHARD FREEMAN, RICHARD Street Address (P.O. Box Number is Not Acceptable 1850 CARNATION 2441 FOXWOOD ROAD SOUTH **ORANGE PARK FL 32073-6018** FERNANDINA BEACH 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. PRESIDENT, RICHARD FREEMAN f. Tueman DUNER Z5 typed or conted name of registered agent and little if applicable (NOTE: Registered Agent Signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. Addition CR2E034 (10/02) ESIDENT LOWALER TITLE TITLE NAME RICHARD EREEMAN (NO CHANGE NAME STREET ADDRESS STREET ADDRESS 850 LARNADON STRE CITY-ST-ZIF ERNANDINA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RESIDENT FROMAN RICHARD FROMMAN 1850 CARNATION STREET NAME NAME STREET ADDRESS STREET ADDRESS ERNANDINA BEACH, FI CITY-ST-ZIP CITY-ST-712 ☐ Delete TITLE TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition ☐ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

104 838 609 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR