2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2004 8:00 am Secretary of State **DOCUMENT # P02000135561** 04-14-2004 90018 028 ***150.00 UNITED CONCRETE ENTERPRISES, INC. Principal Place of Business Mailing Address 6223H JACK WRIGHT ISLAND RD. 6223H JACK WRIGHT ISLAND RD. ST. AUGUSTINE, FL 32092 ST. AUGUSTINE, FL 32092 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162004 CR2E034 (10/03) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KING, RICHARD L JR. 6223H JACK WRIGHT ISLAND RD. Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE, FL 32092 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. I am familiar with, and accept the obligations of registered agent. edstered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After, May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. n □ Сһапде ☐ Addition TITLE ☐ Delete TITLE NAME KING, RICHARD L JR. NAME STREET ADDRESS 6223H JACK WRIGHT ISLAND RD. STREET ADDRESS CiTY-ST-ZIP ST. AUGUSTINE, FL 32092 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME KING, WENDY M NAME 6223H JACK WRIGHT ISLAND RD. STREET ADDRESS STREET ADORESS CITY-ST-ZIP ST. AUGUSTINE, FL. 32092 CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-78 CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS 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 suppliemental 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 G OFFICER OR DIRECTOR Daytime Phone

FILED