

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000

1. Entity Name  
CONSTRUCTION MATERIALS, INC.



**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
4350 NORTHERN BLVD.  
MONTGOMERY, AL 36121-0189

Mailing Address  
PO BOX 210189  
MONTGOMERY, AL 36121-0189



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
63-0667388

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WELSH, BRUCE J  
6789 PHILLIPS INDUSTRIAL BLVD.  
JACKSONVILLE, FL 32256

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME CREWS, JOHN  
STREET ADDRESS 4350 NORTHERN BLVD  
CITY-ST-ZIP MONTGOMERY, AL 36110

TITLE V  
NAME CREWS, GREG  
STREET ADDRESS 4350 NORTHERN BLVD  
CITY-ST-ZIP MONTGOMERY, AL 36110

TITLE V  
NAME CREWS WEST, ANN  
STREET ADDRESS 4350 NORTHERN BLVD  
CITY-ST-ZIP MONTGOMERY, AL 36110

TITLE CD  
NAME CREWS, THOMAS  
STREET ADDRESS 4350 NORTHERN BLVD  
CITY-ST-ZIP MONTGOMERY, AL 36110

TITLE ST  
NAME CREWS, ELSIE  
STREET ADDRESS 4350 NORTHERN BLVD  
CITY-ST-ZIP MONTGOMERY, AL 36110

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/08 334-272-8200