FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P19052 (0)

1. Corporation Name
THE QUIKRETE COMPANIES

Principal Place of Business	Mailing Address
1790 CENTURY CIRCLE ATLANTA GA 30345	1790 CENTURY CIRCLE ATLANTA GA 30345

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1988
3a. Date of Last Report: 07/05/1994

21 2. Principal Place of Business: 2987 Clairmont Rd Suite 500
22 Suite, Apt. #, etc.
23 City & State
24 Zip: 30329 25 County

26 2a. Mailing Address: 2987 Clairmont Rd Suite 500
27 Suite, Apt. #, etc.
28 City & State
29 Zip: 30329 30 County

4. FEI Number: 31-4241027 ☐ Applied For ☐ Not Applicable

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

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

8. [illegible] Florida Statutes ☐ YES ☒ NO

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	WINCHESTER, JAMES E.	12 NAME	
STREET ADDRESS	1790 CENTURY CIRCLE	13 STREET ADDRESS	2987 Clairmont Rd Suite 500
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	30329
TITLE	VTD	21 TITLE	☒ Change ☐ Addition
NAME	WINCHESTER, JOHN O.	22 NAME	
STREET ADDRESS	1790 CENTURY CIRCLE	23 STREET ADDRESS	2987 Clairmont Rd Suite 500
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP	30329
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	WINCHESTER, DENNIS C.	32 NAME	
STREET ADDRESS	1790 CENTURY CIRCLE	33 STREET ADDRESS	2987 Clairmont Rd Suite 500
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	30329
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	WINCHESTER, AMELIA O.	42 NAME	
STREET ADDRESS	1790 CENTURY CIRCLE	43 STREET ADDRESS	2987 Clairmont Rd Suite 500
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	30329
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	WINCHESTER, J. EUGENE	52 NAME	
STREET ADDRESS	1790 CENTURY CIRCLE	53 STREET ADDRESS	2987 Clairmont Rd Suite 500
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP	30329
TITLE	S	61 TITLE	☒ Change ☐ Addition
NAME	MAGILL, WILLIAM R.	62 NAME	
STREET ADDRESS	1790 CENTURY CIRCLE	63 STREET ADDRESS	2987 Clairmont Rd Suite 500
CITY-ST-ZIP	ATLANTA GA	64 CITY-ST-ZIP	30329

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/5/95 (404) 634-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William R. Magill

0000417 FP