

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P19052 (0)  
1. Corporation Name  
THE QUIKRETE COMPANIES



Principal Place of Business  
2987 CLAIRMONT RD SUITE 500  
ATLANTA GA 30329  
US

Mailing Address  
2987 CLAIRMONT RD, SUITE 500  
ATLANTA GA 30329-1687  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified  
04/29/1988

3a. Date of Last Report  
01/24/1996

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. This corporation has liability for intangible tax under s. 199.032, 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  
85 Zip Code  
FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME WINCHESTER, JAMES E.  
STREET ADDRESS 2987 CLAIRMONT RD SUITE 500  
CITY-ST-ZIP ATLANTA GA

TITLE VTD ☐ DELETE  
NAME WINCHESTER, JOHN O.  
STREET ADDRESS 2987 CLAIRMONT RD STE 500  
CITY-ST-ZIP ATLANTA GA

TITLE SD ☐ DELETE  
NAME WINCHESTER, DENNIS C  
STREET ADDRESS 2987 CLAIRMONT RD. SUITE 500  
CITY-ST-ZIP ATLANTA GA

TITLE D ☐ DELETE  
NAME WINCHESTER, AMELIA O.  
STREET ADDRESS 2987 CLAIRMONT RD SUITE 500  
CITY-ST-ZIP ATLANTA GA

TITLE D ☐ DELETE  
NAME WINCHESTER, J. EUGENE  
STREET ADDRESS 2987 CLAIRMONT RD SUITE 500  
CITY-ST-ZIP ATLANTA GA

TITLE S ☐ DELETE  
NAME MAGILL, WILLIAM R.  
STREET ADDRESS 2987 CLAIRMONT RD SUITE 500  
CITY-ST-ZIP ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 a 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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0012091

CR2E034 (9/96)