2007 FOR PROFIT CORPORATION ANNUAL RE)RT (AR)

SIGNATURE:

FILED May 05, 2008 08:00 AN Secretary of State DOCUMENT # P27171 1. Entity Name HICO CONCRETE, INC. Principal Place of Business Mailing Address 101 CUMMINGS COURT 101 CUMMINGS COURT NASHVILLE TN 37013 NASHVILLE TN 37013 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MQORE CR2E034 (10/06) City & State City & State 4. FET Number Applied For 62-1208346 Not Applicable Zip Country Zıp 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE Signature, typed or printed name of registered agent and lide r applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. TITLE ☐ Defete THE ☐ Change Addition HILL, JAMES D. U00000947749 06/02/08-80027-024 150.00 NAME NAME 101 CUMMINGS COURT STREET ADDRESS STREET ADDRESS NASHVILLE TN City-St-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addillon HILL, MARY H. NAME NAME 101 CUMMINGS COURT STREET ADDRESS STREET ADDRESS NASHVILLE TN CITY - S1 - ZIE CITY-ST-7IP Addition HILE ☐ Delete TITLE Change HILL, MICHAEL J NAME NAME 101 CUMMINGS COURT STREET ADDRESS STREET ADDRESS NASHVILLE TN 37013-3244 CITY-ST-ZIP CITY - ST - ZIP Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ AddItion ☐ Delete NAME NAME SIDEET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-71P Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport is true and accurate and that my signature shall have the same legal effect as if made under carrier that I am an efficient or the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutos; 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.

May 1, 2008

(615)781-2570