2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P28770** May 17, 2000 8:00 am Secretary of State SOUTHERN MATERIALS OF ALABAMA, INC. 05-17-2000 90913 025 ***150.00 Principal Place of Business -Mailing Address P.O. BIOX 708 2968 PGA BLVD ATMORE AL 36504 NAVARRE FL 32561 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 63-0988976 Not Applicable 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 Name WHITE, HAROLD G. Street Address (P.O. Box Number is Not Acceptable) 2968 PGA BLVD NAVARRE FL 32566 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Change ☐ Addition TITLE ☐ Delete WHITE, HARVEY J., JR. NAME NAME STREET ADDRESS 1442 SONATA COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAVARRE BEACH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE WHITE, HAROLD G. NAME NAME STREET ADDRESS 2968 PGA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL ☐ Delete TITLE Change ☐ Addition NAME WHITE, BETTY L NAME STREET ADDRESS 1442 SONATA COURT STREET ADDRESS NAVARRE BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if