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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000007401 (1)**

1. Corporation Name
RONNIE L. EDWARDS CONCRETE CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
703 LONE OAK DR PORT ORANGE FL 33127	703 LONE OAK DR PORT ORANGE FL 32127-7543

3. Date Incorporated or Qualified: 01/19/1993
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business	2a. Mailing Address
21 5764 Stewart Ave	26 5764 Stewart Ave
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Port Orange Fl	28 City & State: Port Orange Fl.
24 Zip: 32127	29 Zip: 32127
25 Country: Volusia	30 Country: Volusia

4. FEI Number: 59-3158796 ☐ 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	10. Name and Address of New Registered Agent
EDWARDS, RONNIE L 703 LONE OAK DR PORT ORANGE FL 33127	81 Name: Edwards, Ronnie L. 82 Street Address (P.O. Box Number is Not Acceptable): 5764 Stewart Ave. 83 84 City: Port Orange FL 85 Zip Code: 32127

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: Ronnie L. Edwards President DATE: 4-1-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST ☐ DELETE	1.1 TITLE	DST ☑ Change ☐ Addition
NAME	EDWARDS, RONNIE L	1.2 NAME	Edwards, Ronnie L.
STREET ADDRESS	703 LONE OAK DR	1.3 STREET ADDRESS	5764 Stewart Ave
CITY-ST-ZIP	PORT ORANGE FL 32127	1.4 CITY-ST-ZIP	Port Orange Fl 32127
TITLE	PD ☐ DELETE	2.1 TITLE	P.D ☑ Change ☐ Addition
NAME	EDWARDS, MARIANN L	2.2 NAME	Edwards Mariann F.
STREET ADDRESS	703 LONE OAK DR	2.3 STREET ADDRESS	5764 Stewart Ave
CITY-ST-ZIP	PORT ORANGE FL 32127	2.4 CITY-ST-ZIP	Port Orange Fl. 32127
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: Ronnie L. Edwards President 4-1-97 904-788-3514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023176