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 MAY 10 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000088198 (5)

1. Corporate Name
RON LORENZ CONCRETE, INC.

Principal Place of Business	Mailing Address
7003 FOUNTAIN AVENUE TAMPA FL 33634	7003 FOUNTAIN AVENUE TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1993
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-3220053 — ☐ 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

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

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

9. Name and Address of Current Registered Agent

LORENZ, RONALD
7003 FOUNTAIN AVENUE
TAMPA FL 33634

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 ______ NEW Registered Agent signature (required when reinstating) ______ DATE ______

12.	OFFICERS AND DIRECTORS
TITLE	D
NAME	LORENZ, RONALD
STREET ADDRESS	7003 FOUNTAIN AVENUE
CITY-ST-ZIP	TAMPA FL 33634
TITLE	D
NAME	LORENZ, CHARLEEN
STREET ADDRESS	7003 FOUNTAIN AVENUE
CITY-ST-ZIP	TAMPA FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition for each of entries 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP) — blank

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)(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: Charleen Lorenz — Charleen Lorenz — 5/5/95 — 813-224-5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0443926 FP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 11 PM 12:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000088476 (5)

1. Corporate Name

TJB INC.

Principal Place of Business	Mailing Address
800 2ND AVE NE ST PETERSBURG FL 33701	800 2ND AVE NE ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1994
3a. Date of Last Report:

2. Principal Place of Business — 21 — 22 Suite, Apt # etc. — 23 City & State — 24 Zip — 25 Country
2a. Mailing Address — 26 — 27 Suite, Apt # etc. — 28 City & State — 29 Zip — 30 Country

4. FEI Number: 59-3218709 — 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
WOLFE, LARRY 200 A JOHN KNOX RD TALLAHASSEE FL 32303-6643	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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: ADDOMS, ROBERT STREET ADDRESS: 656 66TH AVE S CITY-ST-ZIP: ST PETERSBURG FL 33705	TITLE: P/D/C ☒ Change ☐ Addition NAME: Addoms, Robert STREET ADDRESS: 656 66TH AVE S CITY-ST-ZIP: ST. Petersburg, FL 33705
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: V ☐ Change ☒ Addition NAME: OWENS, JERRY STREET ADDRESS: 1731 S. LVERWOOD ST CITY-ST-ZIP: TARPON SPRINGS, FL. 34689
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: T/S ☐ Change ☒ Addition NAME: OWENS, Tom STREET ADDRESS: 431 ROYAL OAK DR. CITY-ST-ZIP: ALEXANDRIA, KY 41001
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

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)(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.

Robert M. Addoms Pres.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5-6-95 (Date) — 813 866 0639 (Daytime Phone #)

0306440 CP