FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jun 14 1996 8:00 am
Secretary of State

DOCUMENT # **P94000032615 (4)**

1. Corporation Name
ADAMS ALUMINUM AND CONCRETE, INC.

Principal Place of Business	Mailing Address
3900 NE 86TH LN ANTHONY FL 32617	P.O. BOX 898 ANTHONY FL 32617 US

3. Date Incorporated or Qualified: **04/26/1994**
3a. Date of Last Report: **03/21/1995**

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

2a. Mailing Address
26: 3900 NE 86th Lane
27: Suite, Apt. #, etc
28: Anthony, FL
29: 32617
30: Mexico

4. FEI Number: **59-3230863** ☐ 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

ADAMS, SONJALE M
3900 NE 86TH LANE
ANTHONY FL 32617

please DELETE

10. Name and Address of New Registered Agent

81: Name
82: Street Address (P.O. Box Numbers Not Acceptable) Glen Adams
83: 3900 NE 86th Lane
84: City Anthony, **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: Glen Adams A — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ADAMS GLEN A.		12 NAME	
STREET ADDRESS	3900 NE 86TH LANE, P.O. BOX 898		13 STREET ADDRESS	
CITY-ST-ZIP	ANTHONY FL		14 CITY-ST-ZIP	
TITLE	S AD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ADAMS, RUSSELL K.		22 NAME	
STREET ADDRESS	1524 SE 37TH AVE.		23 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	100001863350 nge ☐ Addition
NAME			52 NAME	-06/17/96--01024--015
STREET ADDRESS			53 STREET ADDRESS	***225.00
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	06-14-96 OR

CR2E034 (12/95)

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: Glen A Adams — 5-22-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #