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

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000065868 (9)

1. Corporation Name
AMERICAN CONCRETE ENTERPRISE, INC.

Principal Place of Business	Mailing Address
113 APPLEWOOD DRIVE GREEN ACRES FL 33463	113 APPLEWOOD DRIVE GREEN ACRES FL 33463

3. Date Incorporated or Qualified: 09/02/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 113 Applewood Dr	26 SAME
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Greenacres Fl	City & State 28
Zip 24 33463 / County 25 Palm Bch	Zip 29 / County 30

4. FEI Number: 65-0514052 ☐ 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

MACDONALD, SHERYL
113 APPLEWOOD DRIVE
GREEN ACRES FL 33463

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 Sheryl MacDonald Pres. SHERYL MACDONALD 4-15-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1.1 TITLE	☐ Change ☐ Addition
NAME	MACDONALD, SHERYL	1.2 NAME	
STREET ADDRESS	113 APPLEWOOD DRIVE	1.3 STREET ADDRESS	
CITY ST ZIP	GREEN ACRES FL 33463	1.4 CITY ST ZIP	
TITLE	TS	2.1 TITLE	☐ Change ☐ Addition
NAME	MACDONALD, PAUL	2.2 NAME	
STREET ADDRESS	113 APPLEWOOD DRIVE	2.3 STREET ADDRESS	
CITY ST ZIP	GREEN ACRES FL 33463	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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)(k), 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: Paul MacDonald Paul MacDonald Treas 4-15-95 4074340014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0430710 FP