**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

DOCUMENT # **P94000087192 (8)**

1. Corporation Name

**LAMB CONCRETE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ROUTE 3. BOX 327-D<br>TALLAHASSEE FL 32308 | ROUTE 3. BOX 327-D<br>TALLAHASSEE FL 32308 |

3. Date Incorporated or Qualified: 12/01/1994
3a. Date of Last Report: 05/01/1995

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Tommy Lamb | 26 Rte 3, Box 327-D |
| Suite, Apt. #, etc. 22 Rte 3, Box 327-D | Suite, Apt. #, etc. 27 |
| City & State 23 Tallahassee | City & State 28 Tallahassee Fl. 32308 |
| Zip 24 32308 Country 25 USA | Zip 29 32308 Country 30 USA |

4. FEI Number: 59-3310735 APPLIED FOR ☐ 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**

**LAMB, TOMMY**
**ROUTE 3, BOX 327-D**
**TALLAHASSEE FL 32308**

**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: _____ DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LAMB, TOMMY<br>ROUTE 3, BOX 327-D<br>TALLAHASSEE FL 32308 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D<br>Lamb Tommy<br>Rt 3 Box 327-D<br>Tallahassee Fl 32308 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LAMB, LILLIE<br>ROUTE 3, BOX 327-D<br>TALLAHASSEE FL 32308 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D<br>Lamb Lillie<br>Rt 3, Box 327-D<br>Tallahassee Fl 32308 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LAMB, MELISSA<br>ROUTE 3, BOX 327-D<br>TALLAHASSEE FL 32308 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>Lamb Melissa<br>Rt 3, Box 327-D<br>Tallahassee Fl. 32308 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | 800001819578<br>-05/14/96--01009--044<br>***200.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Tommy Lamb 4-25-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)