

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000087192

1. Corporation Name
LAMB CONCRETE, INC.

Principal Place of Business

**LAMB CONCRETE, INC.
RTE 3 BOX 327-D
TALLAHASSEE FL 32308
US**

Mailing Address

**RTE 3 BOX 327-D
TALLAHASSEE FL 32308**

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90199 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1994

4. FEI Number

59-3310735

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

Lamb Concrete, Inc.

2a. Mailing Address

8771 Divine Way

Suite, Apt. #, etc.

8771 Divine Way

City & State

Tallahassee, Florida

32308 US

City & State

Tallahassee, Fl.

32308 US

9. Name and Address of Current Registered Agent

**LAMB, TOMMY
ROUTE 3, BOX 327-D
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

Tommy Lamb
8771 Divine Way
Tallahassee Florida 32308
FL **32308**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME LAMB, TOMMY
STREET ADDRESS 8771 DIVINE WAY
CITY-STATE-ZIP TALLAHASSEE FL 32308

TITLE D
NAME LAMB, LILLIE
STREET ADDRESS 8771 DIVINE WAY
CITY-STATE-ZIP TALLAHASSEE FL 32308

TITLE D
NAME LAMB, MELISSA
STREET ADDRESS 8771 DIVINE WAY
CITY-STATE-ZIP TALLAHASSEE FL 32308

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Tommy Lamb President

4-26-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)