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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000093586 (3)**

1. Corporation Name
PCI MASONRY & CONCRETE INC.

Principal Place of Business	Mailing Address
4505-131 ST AVE N CLEARWATER FL 34622 US	6908 W CLIFTON TAMPA FL 33634-4920

3. Date Incorporated or Qualified: 12/28/1994
3a. Date of Last Report: 01/24/1996

2. Principal Place of Business
21 4505-131 ST AVE N.
Suite, Apt. #, etc.
22 # 5
City & State
23 Clearwater, FL.
Zip 24 34622 Country 25 Pinellas

2a. Mailing Address
26 4505-131 ST AVE N.
Suite, Apt. #, etc.
27 # 5
City & State
28 Clearwater, FL.
Zip 29 34622 Country 30 Pinellas

4. FEI Number: 59-3282018 ☐ 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

PORTER, ROBERT
6908 W CLIFTON
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name: Robert J. Jones
82 Street Address (P.O. Box Number is Not Acceptable): 6500 Central Ave
83
84 City: St. Petersburg FL 85 Zip Code: 33707

11. Pursuant to the provisions of Section 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 X Robert J. Jones 3-14-97
(Must be 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PORTER, ROBERT 6908 W. CLIFTON TAMPA FL ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD PORTER, Robert 7309 Bridge View Cir. #102 Tampa, FL 33634 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	AST. V. PRES. GLENN Fullone 2828 - 7th Ave N. St. Petersburg, FL 33713 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Robert Porter 3-14-97 (813) 573-3598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #