

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 # **P95000018485 (9)**

1. Corporation Name

ANYTIME CONCRETE, INC.



Principal Place of Business

Mailing Address

**2597 MERGANSER CT.
TALLAHASSEE FL 32312**

**2597 MERGANSER CT.
TALLAHASSEE FL 32312**

3. Date Incorporated or Qualified
03/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **105 Four Points Way**

26 **P.O. Box 5768**

4. FEI Number

59-3301989

Applied For

Not Applicable

5. Certificate of Status Desired -

\$8.75 Additional Fee Required

City & State

23 **Tallahassee, Fl.**

City & State

28 **Tallahassee, Fl**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip **32310**

Country

U.S.A.

Zip

32314

Country

U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BARNETT, JOHN C
2597 MERGANSER CT.
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

John C. Barnett

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/96

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	BARNETT, JOHN C
STREET ADDRESS	2597 MERGANSER CT.
CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	<input type="checkbox"/> DELETE
NAME	D BARNETT, CAROLE C
STREET ADDRESS	2597 MERGANSER CT.
CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, changed, or on an attachment with an address.

SIGNATURE:

John C. Barnett **John C. Barnett/25/96**

Date

Daytime Phone #

(904) 877-2424

CR2E034 (12/95)