

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90197 001 ***300.00

DOCUMENT # *P95000018485*
1. Entity Name
AnyTime Concrete Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4455 Woodville Hwy Tallahassee, FL

3. Mailing Address
P.O. Box 5768

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State

4. FEI Number
59-3301989

Applied For
Not Applicable

Zip
32314

Country
USA

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
John C. Barnett

Street Address (P.O. Box Number is Not Acceptable)
2208 Monticello Dr

City
Tallahassee FL Zip Code
32303

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE *DVP*
NAME *John C. Barnett*
STREET ADDRESS *2208 Monticello Dr*
CITY-ST-ZIP *Tallahassee, FL 32303*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *DVP*
NAME *Dennis Register*
STREET ADDRESS *2420 Basswood Lane*
CITY-ST-ZIP *Tallahassee, FL 32308*

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**DO NOT WRITE
IN THIS SPACE**

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *John C. Barnett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 *850-877-2424*
Date Daytime Phone #

CR2E034B (12/01)