

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P95000025595

1. Entity Name
CUMBIE CONCRETE COMPANY



Principal Place of Business
4871 WOODLANE CIRCLE
TALLAHASSEE, FL 32303

Mailing Address
4871 WOODLANE CIRCLE
TALLAHASSEE, FL 32303



02292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3321747	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

UTTER, TERRY K
4871 WOODLANE CIR
TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CUMBIE, B.T.
STREET ADDRESS	8649 COACH ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	EVP
NAME	CUMBIE, DORIS
STREET ADDRESS	8649 COACH RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VPDO
NAME	SMITH, ALEX H
STREET ADDRESS	6517 SAYLERS CREEK ROAD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	ST
NAME	UTTER, TERRY K
STREET ADDRESS	1312 NYLIC STREET #D
CITY-ST-ZIP	TALLAHASSEE, FL 323042191
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: B. T. Cumbie

B. T. Cumbie

March 6, 2008

850-562-3239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #