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PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P95000031068

1. Corporation Name

PROFESSIONAL CONCRETE FORMATIONS, INC.

Principal Place of Business	Mailing Address
5121 Bowden Road Suite 310 Jacksonville, FL 32216	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 5121 Bowden Road	26 5121 Bowden Road	04/17/1995	N/A
Suite, Apt. #, etc. 22 Suite 310	Suite, Apt. #, etc. 27 Suite 310	4. FEI Number 59-330-9644	☐ Applied For ☐ Not Applicable
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
Zip / Country 24 32216 / 25 U.S.	Zip / Country 29 32216 / 30 U.S.	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

HOWARD, MARCIA M. ESQ.
MCGUIRE, WOODS, BATTLE & BOOTHE
50 N. LAURA STREET, SUITE 2750
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent, and date. (Agent's signature required for reinstatement.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAMBERT, WILLIAM M IV 5121 Bowden Road, Suite 310 JACKSONVILLE FL 32216 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP	D/P/V/T/S Lambert, William M IV 5121 Bowden Road, Suite 310 Jacksonville, FL 32216 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CRUMP, MICHAEL P.O. BOX 551082 JACKSONVILLE FL 32255-1082 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP	N/A ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP	☐ Change ☐ Addition 500001875865 -06/26/96--01032--046 ***225.00

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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 if changed, or on an attachment with an address.

SIGNATURE: William M. Lambert IV 5-31-96 1-904-448-5977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 6/25/96