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

FILED
Feb 02 1996 8:00 am
Secretary of State

DOCUMENT # **P95000034169 (9)**

1. Corporation Name
JOELSON CONCRETE PIPE COMPANY, INC.

Principal Place of Business
%STONEBRIDGE PARTNERS
50 MAIN ST.
WHITE PLAINS NY 10606

Mailing Address
%STONEBRIDGE PARTNERS
50 MAIN ST.
WHITE PLAINS NY 10606

3. Date Incorporated or Qualified: 05/02/1995
3a. Date of Last Report:

2. Principal Place of Business
21 99 CENTER RD
22 Suite, Apt. #, etc.
23 City & State: VENICE FL
24 Zip: 34284 25 County: SARASOTA

2a. Mailing Address
26 P.O. BOX 2048
27 Suite, Apt. #, etc.
28 City & State: VENICE, FL
29 Zip: 34284 30 Country: SARASOTA

4. FEI Number: 59-0933403 ☐ 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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name: JAMES A. CONNELLY
82 Street Address (P.O. Box Number is Not Acceptable): 99 CENTER RD
83
84 City: VENICE FL 85 Zip Code: 34284

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 [signature] DATE 1/29/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BRUNO, MICHAEL S JR.	
STREET ADDRESS	50 MAIN ST.	
CITY-ST-ZIP	WHITE PLAINS NY 10606	
TITLE	D	☐ DELETE
NAME	WILSON, HARRISON M	
STREET ADDRESS	50 MAIN ST.	
CITY-ST-ZIP	WHITE PLAINS NY 10606	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	☐ Change ☒ Addition
3.2 NAME	Roger Beacom	
3.3 STREET ADDRESS	P.O. Box 2048	
3.4 CITY-ST-ZIP	VENICE, FL 34284	
4.1 TITLE	VST D	☐ Change ☒ Addition
4.2 NAME	JAMES A. CONNELLY	
4.3 STREET ADDRESS	P.O. BOX 2048	
4.4 CITY-ST-ZIP	VENICE, FL 34284	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	RAY JOELSON	
5.3 STREET ADDRESS	638 BIRD BAY DRIVE EAST #212	
5.4 CITY-ST-ZIP	VENICE, FL 34292	
6.1 TITLE	DC	☐ Change ☒ Addition
6.2 NAME	Phillip A. O'Reilly	
6.3 STREET ADDRESS	543 Alexander Palm Road	
6.4 CITY-ST-ZIP	Boca Raton, FL 33432	

14. I 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: [signature] JAMES A. CONNELLY 1/29/96 941-493-9709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)