DOCUMENT # P95000034169

1. Entity Name

JOELSON CONCRETE PIPE COMPANY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 23 AM 11:39

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
99 CENTER ROAD 50 MAIN ST. VENICE FL 34284 US	POST OFFICE BOX 2048 50 MAIN ST. VENICE FL 34284-2048 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0933403 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONNELLY, JAMES A. 99 CENTER ROAD VENICE FL 34284	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME BRUNO, MICHAEL S JR. STREET ADDRESS 50 MAIN ST. CITY-ST-ZIP WHITE PLAINS NY 10606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700003152827--9 -03/01/00--01064--002 ****150.00 ****150.00
TITLE D NAME WILSON, HARRISON M STREET ADDRESS 50 MAIN ST. CITY-ST-ZIP WHITE PLAINS NY 10606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME BEACOM, ROGER STREET ADDRESS POB 2048 CITY-ST-ZIP VENICE FL	☒ Delete	TITLE PD NAME JOHN Blocha STREET ADDRESS PO BOX 2048 CITY-ST-ZIP VENICE FL 34284	☐ Change ☒ Addition
TITLE VSTD NAME CONNELLY, JAMES A. STREET ADDRESS POB 2048 CITY-ST-ZIP VENICE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME JOELSON, RAY STREET ADDRESS 638 BIRD BAY DRIVE EAST 212 CITY-ST-ZIP VENICE FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DC NAME O'REILLY, PHILLIP A. STREET ADDRESS 543 ALEXANDER PALM ROAD CITY-ST-ZIP BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2/23

CR2EO14 (1/99)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ 1/8/99 941 4935209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #