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

P95000059572 (4) DOCUMENT #

UNIQUE CONCRETE, INC.

Principal Place of Business Mailing Address % TVETTE B. MARTINSON % YVETTE B. MÀRTINSON 13929 TENNYSON DRIVE 13929 TENNYSON DRIVE HUDSON FL 34667 HUDSON FL 34667 3. Date Incorporated or Qualified 3a. Date of Last Report 08/01/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3338208 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country Zφ Florida Statutes Yes No 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THOMAS J. DAVIS Street Address (P.O. Box Number is Not Acceptable) MARTINSON, YVETTE B 82 1218 E. LIME STREET 13929 TENNYSON DRIVE 83 HUDSON FL 34667 Zip Code 34689 84 City 85 TARPON SPRINGS, 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 obtaining of Florida Statutes. Thomas J. Davis, President 4-15-96 SIGNATURE of respetence Lagrent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1 1 TITLE President TITLE MARTINSON, YVETTE B 1.2 NAME Thomas J. Davis NAME 1.3 STREET ADDRESS 1218 E. Lime Street 13929 TENNYSON DRIVE STREET ADDRESS HUDSON FL 34667 Tarpon Springs, FL 34689 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - ST-ZIP CITY-ST-ZIP Addition Change | DELETE 3 1 THLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4 C-TY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 City - S1 - ZIP CITY-ST-ZIP Change DELETÉ Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZiP CITY-ST-ZIP Addition ☐ Change DELETE 8 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP DITY-ST-ZIP 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)fk). 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Brock 12 or Block 13 if charged, or on an attachment with an address

4-15-96 813 9372174

(12/95)

CR2E034