FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000093249

1. Corporation Name

BUCKEYE CONCRETE MASONARY, INC.

Principal Place of Business		Mailing Address					
1959 PIPER TERRACE DELTONA FL 32738		801 DOUGLAS AVENUE SUITE 107					DO NOT WRITE IN THIS SPACE
US			ALTAMONTE SPRINGS FL 32714 US				3. Date Incorporated or Qualifed
		บจ					12/06/1995
2. Principal Place of Business		2a. Mailing Address					4. FEI Number Applied For
21		26					59-3347847 Not Applicable
Suite. Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 Additional
22		27					Fee Required
City & State		City & State					6. Election Campaign Financing \$5.00 May Be - Trust Fund Contribution Added to Fees
23		28	Zip Country				
Zip	Country Zip 25 29		Zip	30			8, This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	9. Name and Address of Curre	11	tered Agent	1301			10. Name and Address of New Registered Agent
				8	11	Name	
MARRISON DONALD A.				18	2	Street Ac	Address (P.O. Box Number is Not Acceptable)
1959 PIPER TERRACE						00017	
	E 107			٤	13		
DELI	TON FL 32738			8	4	City	85 Zip Code
]	*	FL bs zip code
office or re	paistered agent, or both, in the State	of Floric	ia. Such change was a	uthorizea t	ו עכ	tne corpora	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I ai	m familiar with, and accept the oblig	ations of,	Section 607.0505, Flo	rida Statut	es.		
SIGNATURE			danolisable (NOTE	· Donatored A	nont	t sianature rea	equired when reinstating) DATE
12.	Signature, typed or printed name of registered age OFFICERS A			13.	yern	r signaturo roq	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1.1 TITL	€		☐ Change ☐ Addition
NAME	MARRISON, DONALD A			1.2 NAM	E	ļ	
STREET ADDRESS	1959 PIPER TERR			1.3 STR	EET	ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738			1.4 CITY	-ST	r-ZIP	
TITLE	D		☐ DELETE	2.1 TITL	E	i	☐ Change ☐ Addition
NAME	Marrison, Margaret G			2.2 NAM	E	}	
STREET ADDRESS	1959 PIPER TERR			2.3 STR	EET	ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738			2.4 CIT	_	T- ZIP	☐ Change ☐ Addition
TITLE			☐ DELETE	3.1 TITL		1	☐ Change ☐ Addition
NAME				3.2 NAM			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			☐ DELETE	3.4. CIT		T-ZIP	☐ Change ☐ Addition
TITLE			□ oetete	4. 2 NAA		Ì	
NAME						ADDRESS	,
STREET ADDRESS				4.4 CITY		i	
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TITL		1-ZIF	☐ Change ☐ Addition
NAME			<u> </u>	5.2 NAM			
STREET ADDRESS				5,3 STR	EET	ADDRESS	
CITY-ST-ZIP				5.4 CITY	-ST	T-ZIP	• •
TITLE			☐ DELETE	6.1 TITL	E		☐ Change ☐ Addition
NAME				62 NAM	E		
STREET ADDRESS				6.3 STR	EET	ADDRESS	

14. 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 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 charged, or on an attachment with an address, with all other like empowered.

NG OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE: