FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1998 8:00am

Secretary of State

Sandre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094608 (3)

CLASSIC CONCRETE PUMPING, INC.

Principal Place of Business Mailing Address 1216 BELL AVE 1216 BELL AVE FT PIERCE FL 34982 FT PIERCE FL 34982 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0630385 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip $Z_{i}p$ 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DRAWDY, TERRY 81 Name 1216 BELL AVE Street Address (P.O. Box Number is Not Acceptable) FT PIERCE FL 34982 City 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, typed or prioted natural registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE DRAWDY, TERRY NAME 1.2 NAME 2003 BARTON ST 1.3 STREET ADDRESS STREET ADDRESS FT PIERCE FL 34982 1.4 CITY-ST-ZIP CITY-ST-2IP Change DELETE 2.1 TITLE Addition TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change ■ Addition TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 52 NAME NAME STREET ADDRESS **5 3 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6 1 TITLE Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 of the receiver or trustee expowered 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:

64 CITY-ST-ZIP