

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000014328

1. Entity Name  
MCCOY'S CONCRETE, INC.



Principal Place of Business  
2663 EDDIE ROAD  
TALLAHASSEE, FL 32308

Mailing Address  
3669 UNCLE GLOVER  
TALLAHASSEE, FL 32312

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10292007

REIN-P

CR2E098 (1/07)

4. FEI Number  
59-3368828

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

MCCOY, HOMAR C  
3669 UNCLE GLOVER RD  
TALLAHASSEE, FL 32312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Homar McCoy  
Signature, typed or printed name of registered agent and title applicable

(NOTE: Registered Agent signature required when reinstating)

4/22/2008  
DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2008, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PO  
MCCOY, HOMAR C  
3669 UNCLE GLOVER RD  
TALLAHASSEE, FL 32312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
500125085325  
04722/08--01027--015 \*\*\*300.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
OM  
MCCOY, PRINCESS  
3669 UNCLE GLOVER RD  
TALLAHASSEE, FL 32312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Homar McCoy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2008  
Date

Daytime Phone #

FILED

08 APR 22 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

