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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000036914 (5)**

1. Corporation Name
M3 CONCRETE SPECIALIST, INC.

Principal Place of Business	Mailing Address
5612 OLD HICKORY LANE TALLAHASSEE FL 32303	5612 OLD HICKORY LANE TALLAHASSEE FL 32303-6726

3. Date Incorporated or Qualified: **04/29/1996**
3a. Date of Last Report: N/A

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3374853 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes * No

9. Name and Address of Current Registered Agent

WILSON, LINDA E
5612 OLD HICKORY LANE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: Linda E Morris
82 Street Address (P.O. Box Number is Not Acceptable): 5612 Old Hickory Lane
83
84 City: Tallahassee FL 85 Zip Code: 32303

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCST WILSON, LINDA E 5612 OLD HICKORY LANE TALLAHASSEE FL 32303	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PCST Linda Morris, E 5612 Old Hickory Lane Tallahassee, Fla 32303	* Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MORRIS, ROOSEVELT RT. 1, BOX 2934 HAVANA FL 32333	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MORRIS, ADRIAN 2125 JACKSON BLUFF RD., APT. X204 TALLAHASSEE FL 32304	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO WILSON, LINDA E 5612 OLD HICKORY LANE TALLAHASSEE FL 32303	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	CEO Linda Morris, E 5612 Old Hickory Lane Tallahassee Fla 32303	* Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	700002130377 -04/01/97--01066--028 ***165.00	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 changed, or in an attachment with an address.

SIGNATURE: Linda E Morris 4/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #