2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

FILED DOCUMENT # **P96000040497** Feb 25, 2000 8:00 am **Secretary of State** CLAYTON CONCRETE, INC. 02-25-2000 90028 020 ***150.00 Principal Place of Business Mailing Address 16 APALACHEE-STREET 16 APALACHEE STREET apalaghicola-fl_32320 APALACHICOLA FL 32456-7502 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For 59-3388300 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Nat Acceptable) CLAYTON, WILLIAM G 16 APALACHEE STREET APALACHICOLA FL-32320 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. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete NAME NAME CLAYTON, WILLIAM G STREET ADDRESS STREET ADDRESS **16 APALACHEE STREET** CITY-ST-ZIP CITY-ST-7IP APALACHICOLA FL 32320 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME CLAYTON, E LAMAR STREET ADDRESS STREET ADDRESS 16 APALACHEE STREET CITY-ST-ZIP CITY-ST-ZIP APALACHICOLA FL JACOB ROBERTS ☐ Addition TITLE TITLE HILE BILLY PO NAME NAME. STREET ADDRESS STREET ADDRESS 16 APALACHEE ST CITY-ST-ZIP CITY-ST-ZIP APALACHICOLA FL 32320 TITLE Change ☐ Addition TITLE ST BROWN ELLIAM NAME NAME STREET ADDRESS STREET ADDRESS 16 APALACHEE ST. CITY-ST-ZIP APALACHICOLA FL 32320 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 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 11 or Block 12 if