CR2E034 (11/98

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083588

CHAMPION CONSTRUCTION & BRICK PAVING SYSTEMS, IN

Principal Place of Busin	ess
7005 ALHAMBRA RIVID	

Mailing Address

May 10, 1999 8:00 am Secretary of State 05-10-1999 90113 033 ***150.00

FILED

7905 ALHAMBRA BLVD. MIRAMAR PARK FL 33023 MIRAMAR PARK FL 33023 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 10/07/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 7905 ALHAMBAT BCW 1905 ALH AMBAR. 26 APPLIED FOR Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional 5 Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Country This corporation owes the current year Intangible Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent REDFERN, JOHN 82 Street Address (P.O. Box Number is Not Acceptable) 7905 ALHAMBRA BLVD. MIRAMAR PARK FL 33023 83 85 Zip Code 84 City 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. □ DELETE Change ☐ Addition 1.1 TITLE TITLE REDFERN, JOHN 1.2 NAME NAME 7905 ALHAMBRA BLVD. 1.3 STREET ADDRESS STREET ADDRESS MIRAMAR PARK FL 33023 1 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 3.1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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