2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 15, 2004 8:00 am DOCUMENT # P96000094057 **Secretary of State** 1. Entity Name 03-15-2004 90062 019 ***150.00 JL'S CONCRETE PUMPING, INC. Principal Place of Business Mailing Address 4821 SW 41 AVENUE FORT LAUDERDALE FL 33314 4821 SW 41 AVENUE FORT LAUDERDALE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0697259 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAWSON, JOHN D Street Address (P.O. Box Number is Not Acceptable) 4821 SW 41 AVENUE FORT LAUDERDALE FL 33314 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE Change Addition NAME LAWSON, JOHN D NAME STREET ADDRESS 4821 SW 41 AVENUE STREET ADDRESS FORT LAUDERDALE FL 33314 CITY-ST-ZIP CITY-ST-ZIP TITLE ST TITLE ☐ Delete ☐ Change Addition LAWSON, CAROL C . Name NAME STREET ADDRESS 4821 SW 41 AVENUE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33314 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7/P CITY-SY-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED