FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

CORPORATION ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000016208 (5) DOCUMENT #

UNIQUE CONCRETE PUMPING, INC.

907 WEATHERBEE RD APT F 907 WEATHERBEE AD APT F FT PIERCE PL 34982 FT PIERCE FL 34982 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/17/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 53/0 Pal 165-0742902 26 Not Applicable Sulte, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State ity & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due Jurie 30. Yes □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FARRELL, RICKEY L 81 Name 1595 SE PORT ST LUCIE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE FL 34952 83 84 City Zip Code 85 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of resistance assent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 11 TOLE FARNSWORTH, BOBBIE NAME 1.2 NAME 5310 Palm Drive **907 WEATHERBEE RD APT F** STREET ADDRESS 1.3 STREET ADDRESS FT PIERCE FL 34982 CITY-ST-ZIP 1.4 CHY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME

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 13 if changed, or on an attachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

4.4 CITY - ST- ZIP

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Change

Addition

___ Addition

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-05/18/98--01001--023

***150.00

FILED

May 13 1998 8:00am

Secretary of State