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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000016728 (2)

Country

9. Name and Address of Current Registered Agent

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WILLIAMS, CLARENCE J 2633 W. EDGEWOOD AVE.

JACKSONVILLE FL 32209

ERNEST VINING CONCRETE INC.

Principal Place of Business
1407 IMESON STREET
JACKSONVILLE FL 32209

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

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Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

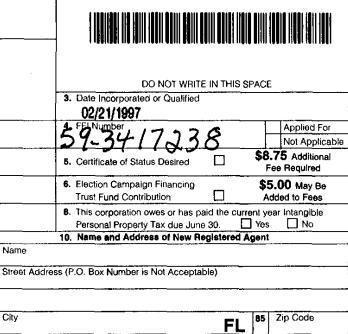
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1407 IMESON STREET JACKSONVILLE FL 32209

FILED Apr 23 1998 8:00am Secretary of State



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 registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE RESIDENT Change Addition TITLE 1.1 TITLE ERNEST UINING NAME 1.2 NAME 1407 FME 30N STREET ADDRESS 1.3 STREET ADDRESS SACKSONULLE, FL 32209

CIRETARY Change CITY-ST-ZIP 1.4 CITY-ST-ZIP SECRETAR) DELETE Addition TITLE 2.1 TITLE LEO VINING NAME 2.2 NAME 1407 T MESON STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP ☐ DELETE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. C(TY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

Country

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14. Thereby 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.

SIGNATURE E TOURS THE FOUTST VINING 14-14-90