FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State P97000031297 DOCUMENT # 1. Entity Name 05-08-2002 90155 019 ***150.00 FOOTE CONCRETE, INC. Principal Place of Business Mailing Address 2981 ROSSELLE STREET 2981 ROSSELLE STREET JACKSONVILLE FL 32205-5665 JACKSONVILLE FL 32205-5665 2. Principal Place of Business 3. Mailing Address audor AUR Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State -4. FEI Number Applied For 59-3435271 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \mathbf{X} Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent vernell Street Address P.O. Box Number is Not Acceptable) FOOTE, VERNELL E 2981 ROSSELLE STREET JACKSONVILLE FL 32205-5665 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П (Make Check Payable to Department of State) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE □ Delete Addition toote, vernell E NAME FOOTE, VERNELL É NAME 524 LAudel Aue STREET ADDRESS 2981 ROSSELLE STREET STREET ADDRESS JACKSONVILLE FL 32205-5665 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119:07(3)(ii). 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X JUNE LE JOSO 4/4/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayling Prione #