2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97 0000 389 22 CAPITOL CITY CONCRETE, INC. FILED OIMAY 10 AM 9:38 Principal Place of Business Mailing Address RT IBOX 96-AA SECRETAKYDDISTATE Greenville, FL MAERAHASSEE FEORIDA 32331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59 -Not Applicable Zip Zip 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 Name OLSON, CHRIS B Street Address (P.O. Box Number is Not Acceptable) RT, BOX 96-AX Greenville, Fl 32331 City Zip Code FL 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. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NO7 Registered Agent signature required when reinstating) FILE NOW! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 20 11 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal le to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME CHRIS B. OLSON RT BOX 96-AR NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EVERNILLE TITLE ☐ Chanoe ☐ Addition KEN CLABAUGH NAME NAME 300004192763--0 STREET ADDRESS STREET ADDRESS CITY - ST - ZIE CITY-ST-ZIP -05/10/01--01032--006 **** 150.00 | ****** | 50.0dition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for he 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 empoyered to execute this report is 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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O' DIRECTOR

5/10/01 850 838-3025

☐ Addition