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

**FILED** Jun 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Socretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P9700088332 (6) PROCON CONCRETE, INC. Principal Place of Business Mailing Address 8650 MCGLOTHIN ST., #2 8650 MCGLOTHIN ST., #2 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/13/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, KEITH H 8810 GOODBY'S EXECUTIVE DR., STE. A Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32217 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. Hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered aspect and title if applicable, (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE PREGIDENT **★**1 Change Addition TITLE PATRICK D. Rodgers NAME 1.2 NAME 8650 McGlothin ST. #2 STREET ADDRESS 1.3 STREET ADDRESS TACKSONVILLE, FL 32210 1.4 CITY - \$1 - ZIP CITY - ST - ZIP DELETE 2.1 TITLE Change ■ Addition TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ☐ Addition 4 1 1ITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 suppliemental 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

5 4 CITY - \$1 - ZIP

**6.1 TITLE** 

6.2 NAME 63 STREET ADDRESS

DELETE

CITY-\$T-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Change

Addition