2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2001 8:00 am DOCUMENT # P9800007764 **Secretary of State** 1. Entity Name ALL CONCRETE CONSTRUCTION, INC. 03-01-2001 90024 018 ***150.00 Principal Place of Business Mailing Address 20819 6TH AVENUE WEST 20819 6TH AVENUE WEST SUMMERLAND KEY FL 33042 UUUZU783 SUMMERLAND KEY FL 33042 2. Principal Place of Business 3. Mailing Address 3949 Placed New Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0810996 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORSE, LEIGHTON G Street Address (P.O. Box Number is Not Acceptable) 444 WHITEHEAD STREET KEY WEST FL 33040 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition NAME PETERS, EDWARD S NAME STREET ADDRESS 20819 6TH AVE. WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUMMERLAND KEY FL 33042 Addition Delete TITLE Change TITLE WHITTINGTON, KENNETH A NAME MAME STREET ADDRESS STREET ADDRESS 20819 6TH AVE. WEST CITY-ST-ZIP CITY-ST-ZIP SUMMERLAND KEY FL 33042 TITLE ☐ Delete T(T) F Channe Addition GUARNIERI, FRED J NAME NAME STREET ADDRESS 20819 6TH AVE. WEST STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP SUMMERLAND KEY FL 33042 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Acdition Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 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 ith all other like empowered changed, or on an attachment with an address

EDWARD S. PETERS

CR2E034 (10/00)