

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90091 003 \*\*\*150.00

DOCUMENT # P98000016744

1. Entity Name

MID STATE CONCRETE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

20931 NW HIGHWAY 27

3. Mailing Address

PO BOX 1047

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WILLISTON, FL.

City & State

WILLISTON, FL.

4. FEI Number

593503054

Applied For

Not Applicable

Zip

32696

Country

USA

Zip

32696

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BARRY P. BULLARD

Street Address (P.O. Box Number is Not Acceptable)

150 NW 75TH DR DRUB STB. A

City

GAINESVILLE

FL

Zip Code

32607

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	BARRY P. BULLARD	NAME	
STREET ADDRESS	150 NW 75TH DRUB STB. A	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL. 32607	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	WILLIAM A. MILLER	NAME	
STREET ADDRESS	16815 NW 7138TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL. 32609	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	WILLIAM S. NIBBY JR.	NAME	
STREET ADDRESS	13654 S.E. COUNTY ROAD 336	STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON, FL. 34431	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*William A. Miller*

WILLIAM A. MILLER PRESIDENT

Date

4-25-02

Daytime Phone #

352-528-4020

CR2E034B (12/01)