2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 25, 2002 8:00 am Secretary of State DOCUMENT # P98000030399 1. Entity Name 03-25-2002 90026 039 ***150.00 DIXIE PRECAST, INC. Principal Place of Business Mailing Address 6844 CECELIA DR. 6844 CECELIA DR. **NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34653** 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 59-3502491 Not Applicable Zip Country 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 OSBRON, ROSCOE Street Address (P.O. Box Number is Not Acceptable) 6844 CECELIA DR. **NEW PORT RICHEY FL 34653** Zip Code City 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) 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) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition OSBRON, ROSCOE NAME NAME STREET ADDRESS 6844 CECELIA DR. STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL 34653 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME JOHNSON-OSBRON, LINDA NAME STREET ADDRESS STREET ADDRESS 6844 CECELIA DR. CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL 34653 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby 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

FILED