

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90149 036 ***158.75

DOCUMENT # P98000095959

1. Entity Name

TALLAHASSEE RED-MIX, INC.

Principal Place of Business

Mailing Address

BRICKYARD ROAD
 FL 32343

P.O. BOX 1829
 LAKE CITY FL 32056-1829

C0085386



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3546404**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

METCALF, DAVID J
1677 MAHAN CENTER BLVD
TALLAHASSEE FL 32308

Name

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

City

FL

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, JOE H JR	
STREET ADDRESS	2 GUERDON ROAD	
CITY-ST-ZIP	LAKE CITY FL 32056-1829	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, JOE H III	
STREET ADDRESS	2 GUERDON ROAD	
CITY-ST-ZIP	LAKE CITY FL 32056-1829	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, DOUG	
STREET ADDRESS	2 GUERDON ROAD	
CITY-ST-ZIP	LAKE CITY FL 32056-1829	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MAPLES, JIM	
STREET ADDRESS	2 GUERDON ROAD	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCHREIBER, BRIAN P	
STREET ADDRESS	2 GUERDON ROAD	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRICKLAND, EUGENE, L	
STREET ADDRESS	2 GUERDON RD	
CITY-ST-ZIP	LAKE CITY, FL 32055	

CR2E034 (9/99)

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

SIGNATURE:

BRIAN P. SCHREIBER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
 Date

904 752-7585
 Daytime Phone #