2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P98000095959

Entity Name: TALLAHASSEE REDI-MIX, INC.

Current Principal Place of Business:

1800 BRICKYARD ROAD
MIDWAY, FL 32343

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1829
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 59-3546404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

METCALF, DAVID J
1677 MAHAN CENTER BLVD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ANDERSON, JOE H JR
Address: 2 GUERDON ROAD
City-St-Zip: LAKE CITY, FL 320561829

Title: D ( ) Delete
Name: ANDERSON, JOE H III
Address: 2 GUERDON ROAD
City-St-Zip: LAKE CITY, FL 320561829

Title: D ( ) Delete
Name: ANDERSON, DOUG
Address: 2 GUERDON ROAD
City-St-Zip: LAKE CITY, FL 320561829

Title: DP ( ) Delete
Name: MAPLES, JIM
Address: 2 GUERDON ROAD
City-St-Zip: LAKE CITY, FL 32056

Title: ST ( ) Delete
Name: SCHREIBER, BRIAN P
Address: 2 GUERDON ROAD
City-St-Zip: LAKE CITY, FL 32056

Title: VPD ( ) Delete
Name: STRICKLAND, EUGENE L
Address: 2 GUERDON ROAD
City-St-Zip: LAKE CITY, FL 320561829

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE H. ANDERSON, JR D 04/29/2004

Electronic Signature of Signing Officer or Director — Date