2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P99000015811 1. Entity Name RJ&G CONCRETE, INC. 04-30-2001 90031 012 ***150.00 Principal Place of Business Mailing Address 3300 JOE ASHTON RD. 3300 JOE ASHTON RD. ST. AUGUSTINE FL 33092 ST. AUGUSTINE FL 33092 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 🕽ity & State 4. FEI Number 59-3560562 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired -- . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BELCHER, GREG C 3300 JOE ASHTON RD. ST. AUGUSTINE FL 33092 ered office or registered agent, or bot 8. The above named entity submits this statement for the purpose of changing, its SIGNATURE X OTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is #ligible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESI DENT √∡ Change ☐ Addition ☐ Delete TITLE TITLE BELCHER, GREG BELCHER, GREG NAME NAME 112 N. Magnolia Are, Suito A STREET ADDRESS 3500 JOE ASHTON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL 33092 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-STI-ZIP 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 trusted empowered to execute his 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICEROOR DIRECTOR

4/24/01 904-759-0395

Daytime Phone #