2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2000 8:00 am Secretary of State DOCUMENT # P99000023948 1. Entity Name CONCRETE CONSTRUCTION OF NW FLORIDA, INC. 02-20-2000 90050 012 ***150.00 Principal Place of Business Mailing Address POST OFFICE BOX 905 612 INEZ STREET FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32549-0905 714189 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT-WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEBORAH L. WARREN SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 FRANK FORT ST. 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00. 9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change TITLE ☐ Delete NAME COLLIER, SHEILAH S NAME STREET ADDRESS STREET ADDRESS 612 INEZ STREET CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32548 COWARD, CHARLIEL, SR. Change Addition TITLE □ Delete 865 MARTIN LUTHER KING, JR. AVE COWARD, CHARLIE L SR. NAME STREET ADDRESS STREET ADDRESS 612 INEZ STREET CRESTVIEW, FL 32570 CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32548 WARREN, DEBORAH L Change Change Addition TITLE ☐ Delete TITLE NAME NAME WARREN, DEBORAH L 7581 FRANKFORT ST. STREET ADDRESS STREET ADDRESS 612 INEZ STREET NAVARRE, FL 32564 CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP TITLE □ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE A