## FOR PROFIT CORPORATION DOCUMENT # Pagnon 18895

STF FL32381F.1

## FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90745 018 \*\*\*150.00

1. Entity Nar	me 77000	104001						
GREAT	SOUTHERN MATERIALS	, INC.	. X			-		
}					- {			
DO NOT WRITE IN THIS SPACE						90123291		
						TCTCATOO		
	. <u>_</u> . <u></u>		. <u></u> <u>.</u>					
2. Principal Place of Business 3. Mailing Address 612 N.E. 107th ROAD SAME								
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE		
City & Sta	City & State	& State			4. FEI Number Applied For			
City & Sta OXFORI		<u> </u>			59-3594553	Not Applica	_	
Zip Country USA .		Zip	Countr	Country		Certificate of Status Desired	\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			, ,*	7. Name and Address of Current Registered Agent				
			7	Name HENRY L. WOOD				
				Street Address (P.O. Box Number is Not Acceptable) 612 N.E. 107th ROAD				
1								7
	And the second s	Maria de la seguira de la segu		City OXFO	RD .	FL.	Zip Code 34484-322	.0
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. I am familiar with,								
and accept the obligations of registered agent.								
SIGNATURE			jy : <u>7</u> 1484.		<u> </u>	<u> </u>		_
.la:	Signature, typed or printed name of regist nuary 1 - May 1 Fee is \$150.00	ered agent and title if applica	ble()	NOTE: Registere	d Agent sig	nature required when reinstating)	DATE	
ou.	After May 1, Fee is \$550.00 Amended UBR is \$61.25		•	) †		Election Campaign Financing     Trust Fund Contribution.	\$5.00 May B Added to Fees	
Make Check	Payable to Florida Department of	State				Trost i dila contribation.		
10. OFFICERS AND DIRECTORS TITLE PRESIDENT & DIRECTOR					<del></del>		- 3.2	
NAMELLIS NAM			NAME		*1		•	12
STREET ADDRESS 612 N.E. 107th ROAD				ET ADDRESS	•.			CR2E034B (12/02)
CITY - ST - ZIP	OXFORD, FL 34484	-3220	TITLE	ST - ZIP		<u> </u>		ᆜಟ
NAME			NAME					5
STREET ADDRESS				ET ADDRESS	٠.	or and the second of the secon		
CITY - ST - ZIP	<u> </u>		TITLE	- ST - ZIP				<del>-</del>
NAME			NAME					}
STREET ADORESS CITY - ST - ZIP			1.0	ET ADDRESS ST - ZIP	, 	O NOT WRITE IN THIS	SDACE	
TITLE		<del></del>	TITLE			O NOT WRITE IN THIS	JFACE	┪
NAME			NAME	. 1			•	-
STREET ADDRESS CITY - ST - ZIP				ET ADORESS ST - ZIP	,	•	,	
TITLE		<del></del>	TITLE		, in	and the state of t	<del></del>	7
NAME			NAME	I .				- [
STREET ADORESS CITY - ST - ZIP	,	ŀ		ST - ZIP		the second of the second of the second	****	
TITLE	474 A	whose appears a man	TITLE	JUNES.	A Section	To date of sale of sale of	* again en d'arte d'ares	7
NAME STREET ADDRESS			NAME	T ADORESS		Place of the Process of the Constitution of th	s complete mental made and some destinations	
CITY - ST - ZIP.	nt Jacke			ST - ŽIP			<u> </u>	
12. 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 10 or on an attachment with an address, with all other like empowered								
SIGNATU		PRINTED NAME OF SIGN	ING:OFFIC	ER OR DIRECT	TOR	4-30-03 Date Daytime	Phone #	-