FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

May 05, 2003 8:00 am Secretary of State P99000049130 DOCUMENT # 05-05-2003 90312 017 ***150.00 1. Entity Name RAM'S CONCRETE, INC. Principal Place of Business Mailing Address 17300 PRITCHETT PARKWAY 17300 PRITCHETT PARKWAY NORTH FORT MYERS FL 33917 NORTH FORT MYERS FL 33917 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State - City & State 4. FEI Number-Applied For 65-0945242 Not Applicable Zip 7in 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 MINNICK, RICHARD Street Address (P.O. Box Number is Not Acceptable) 17300 PRITCHETT PARKWAY NORTH FORT MYERS FL 33917 City 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. I am familiar with, and accept the obligations of egistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE ☐ Delete TITI F Change MINNICK, JOANN I NAME NAME 2012 QUEEN STREET STREET ADDRESS STREET ADDRESS NORTH FORT MYERS FL 33917 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE MINNICK, RICHARD A NAME NAME 17300 PRITCHETT PARKWAY ~ STREET, ADDRESS STREET ADDRESS NORTH FORT MYERS FL 33917 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR