FILED
Jun 07, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S18429

1. Entity Name
DALE NEWELL CONCRETE, INC.

Principal Place of Business	Mailing Address
21850 N RIVER RD ALVA, FL 33920	21850 N RIVER RD ALVA, FL 33920

66422787

03052003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0232185
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEWELL, DALE O
21850 N RIVER RD
ALVA, FL 33920

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	NEWELL, DALE O
STREET ADDRESS	21850 N RIVER RD
CITY-ST-ZIP	ALVA, FL
TITLE	S
NAME	NEWELL, TODD
STREET ADDRESS	21850 N. RIVER RD.
CITY-ST-ZIP	ALVA, FL 33920
TITLE	PT
NAME	NEWELL, JUDY K
STREET ADDRESS	21850 N. RIVER RD.
CITY-ST-ZIP	ALVA, FL 33920
TITLE	V
NAME	NEWELL, DALE L
STREET ADDRESS	21850 N RIVER RD
CITY-ST-ZIP	ALVA, FL 33920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000162159
06/07/04-80001-010 158.75

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

SIGNATURE: Dale O Newell May 12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #