FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$53877

(4)

BUCKWHEAT CONCRETE, INCORPORATED

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red	

Mailing Address

	FILEL)
Apr 27	1998	8:00am
Secre	tary o	f State

1234 AIRPOF SUITE 228 DESTIN FL 3		1234 AIRPORT ROAD SUITE 226 DESTIN FL 32541		DO NOT WRITE IN T 3. Date incorporated or Qualified 05/17/1991	HIS SPACE
2. Principal l	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3066678	Not Applicable
Suite, Apt		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zιρ	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cu	irrent Hegistered Agent	81 Name	10. Name and Address of New Registe	red Agent
	JCKER, J.A.		O' Name		
SI	34 AIRPORT RD JITE 226			dress (P.O. Box Number is Not Acceptable)	
DE	ESTIN FL 32541		83		
			84 City		FL 85 Zip Code
11. Pursuant office or agent. I	t to the provisions of Sections 607 registered agent, or both, in the 5 am familiar with, and accept the c	.0502 and 607.1508, Florida Statut State of Florida. Such change was a obligations of, Section 607.0505, Flo	es, the above-named co authorized by the corpor orida Statutes.	rporation submits this statement for the purpo ation's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registero	NOT	E. Registered Agent signature req	luired when reinslating) DA	TF
12,		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	·
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TUCKER, J.A.		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP		
TITLE	10	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BURNHAM, FRANK		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		2.4 CITY-ST-ZIP		···· •
TITLE	VPD	™ DELETE	3.1 TITLE		Change Addition
NAME	MCDONALD, THOMAS W		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEAHC FL		3.4. CITY-ST-ZIP		Douglas Dadres
TITLE		☐ DELETE	4.1 TOLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.1 TITLE 5.2 NAME		T CHOUSE T MODITION
STREET ADDRESS			5.3 STREET ADDRESS	· ·	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		the same the same that
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
O111-01-417			■ 0.7 O111 - 31 - 24F		

14. 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 annual report or supplemental annual 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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

A Anacimient with an interess.

3-11-98

CRZE034 (10/97)