

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S92940**

1. Entity Name

**SOUTHERN PRESTRESSED CONCRETE, INC.****FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90020 028 \*\*\*150.00

Principal Place of Business

128 AIRPORT BLVD  
PENSACOLA FL 32503-7626  
US

Mailing Address

128 AIRPORT BLVD  
PENSACOLA FL 32503-7626  
US**00004173**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3091775**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**E. K. EDWARDS**  
**3733 SCENIC RIDGE DR**  
**PENSACOLA FL 32514**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	EDWARDS, E. K	
STREET ADDRESS	3773 SCENIC RIDGE DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	EDWARDS, JOHN E.	
STREET ADDRESS	5031 MULDOON CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GIBBS, SUSAN E.	
STREET ADDRESS	7900 MOBILE HIGHWAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAJORS, MICHAEL J	
STREET ADDRESS	2328 SILVERSIDES LOOP	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KING, JOHN D.	
STREET ADDRESS	1937 SOUTHWIND CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GEMIND, JAMES P	
STREET ADDRESS	3030 BAY ST	
CITY-ST-ZIP	GULF BREEZE FL 32561	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE:

*John D. King*  
JOHN D. KING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

Date

(850) 476-6120

Daytime Phone #

0466102

CR2E034 (10/00)