

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S92940****1. Entity Name**
SOUTHERN PRESTRESSED CONCRETE, INC.**FILED**
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90054 023 ***150.00

Principal Place of Business**128 AIRPORT BLVD**
PENSACOLA FL 32503-7626
US**Mailing Address****128 AIRPORT BLVD**
PENSACOLA FL 32503-7626
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3091775**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****E. K. EDWARDS**
3733 SCENIC RIDGE DR
PENSACOLA FL 32514**7. Name and Address of New Registered Agent**

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, 2002 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** ☐ Delete
NAME **EDWARDS, E. K**
STREET ADDRESS **3773 SCENIC RIDGE DR**
CITY-ST-ZIP **PENSACOLA FL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **VTD** ☐ Delete
NAME **EDWARDS, JOHN E.**
STREET ADDRESS **5031 MULDOON CIRCLE**
CITY-ST-ZIP **PENSACOLA FL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **VD** ☐ Delete
NAME **GIBBS, SUSAN E.**
STREET ADDRESS **7900 MOBILE HIGHWAY**
CITY-ST-ZIP **PENSACOLA FL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **V** ☐ Delete
NAME **MAJORS, MICHAEL J**
STREET ADDRESS **2328 SILVERSIDES LOOP**
CITY-ST-ZIP **PENSACOLA FL 32526****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **VS** ☐ Delete
NAME **KING, JOHN D.**
STREET ADDRESS **1937 SOUTHWIND CIRCLE**
CITY-ST-ZIP **PENSACOLA FL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **VS** ☐ Delete
NAME **GEMIND, JAMES P**
STREET ADDRESS **3030 BAY ST**
CITY-ST-ZIP **GULF BREEZE FL 32561****TITLE** ☐ Change ☐ 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/02 (850) 476-6120

CR2E034 (9/01)