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



Katherine Harris

CORPORATION Kar ANNUAL REPORT Se			Katherine Secretary o	DEPARTMENT OF STATE atherine Harris Secretary of State ON OF CORPORATIONS		Feb 23, 1999 8:00 am Secretary of State 02-23-1999 90086 017 ***158.75
DOCUMENT # V06516 1. Corporation Name GRAYCO REDI MIX, INC. Principal Place of Business Mailing Address						
3510 NE HWY 315 3510 NE HWY 315 SIVER SPRINGS FL 34488 US US				2000		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/15/1992
2. Principal Pl	ace of Business	H	. Mailing Address			4. FEI Number Applied For S9-3077155 Not Applicable
Suite Ant # eta			Suite, Apt. #, etc.		-+	\$8.75 Additional
Suite, Apt. #, etc.			7			5. Certificate of Status Desired Fee Required
City & State			City & State		-1	6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip ─_	Country	\vdash	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Current	[29]	stered Agent	<u>'l</u>		Personal Property Tax. Pres Dano 10. Name and Address of New Registered Agent
GRAY, ELBERT 3949 S. HIGHWAY 314A OKLAWAHA FL 32179 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City C. J. A. F. 85 Zipr Coden O						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed number of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE						
12.	OFFICERS ANI			13.	equires wi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		□ DELETE	1.1 TITLE	PIS	Change Addition
NAME	GRAY, ELBERT		~	1.2 NAME	Will	linen D. BUFFINCTON
STREET ADDRESS	3949 S. HIGHWAY 314A			1.3 STREET ADDRESS	35	10 N.E Hwy 315
CITY-ST-ZIP	OKLAWAHA FL		DELETE	1.4 CITY-ST-ZIP	3	CUER SPRINCS, 1-L 3488
TITLE	D Gray, Mary Jo		₩ DEFE IE	2.1 TITLE 2.2 NAME	UIT	Thange Addition Thange Addition Thank Addition Thank Addition Thank Addition
NAME STREET ADDRESS	3949 S. HIGHWAY 314A			2.3 STREET ADDRESS	34	516 N.E. HWY 315
CITY-ST-ZIP	OKLAWAHA FL			2.4 CITY-ST-ZIP	′ ‹	SILVER SPRINCS 1-L 34488
TITLE	D '		DELETE	3.1 TITLE		Change Addition
NAME	CHRISTENSEN, JUDY		- •	3.2 NAME		- → → → → → → → → →
STREET ADDRESS	16530 N.E. 17TH PLACE			3.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL		——————————————————————————————————————	3.4. CITY-ST-ZIP		Change ☐ Addition
TITLE			☐ DELETE	4.1 TITLE		
NAME				4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS				4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME	1	. ·
STREET ADDRESS				5.3 STREET ADDRESS	1	{
CITY-ST-ZIP				5.4 CITY-ST-ZIP	ļ	
TITLE			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	,			6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS	1	

14. 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 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 trustee 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 appraisa, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP