FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V57740 (5)

1. Corporation Name

P AND B CONCRETE, INC.

Principal Place of Business
P.O. BOX 244
UMATILLA FL 32784

Mailing Address
P.O. BOX 244
UMATILLA FL 32784

3. Date Incorporated or Qualified: 08/10/1992
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business
21 31303 SAUNDERS CR.
Suite, Apt. #, etc
22
City & State
23 TAVARES, FL
Zip 24 32778
Country 25 LAKE

2a. Mailing Address
26 31303 Saunders Cr.
Suite, Apt. #, etc.
27
City & State
28 TAVARES, FL
Zip 29 32778
Country 30 LAKE

4. FEI Number: 59-3135730 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BERUBE, WILLIAM L.~~
~~63 ROSE STREET~~
~~UMATILLA FL 32784~~

10. Name and Address of New Registered Agent

81 Name: MARK ALAN PASILL
82 Street Address (P.O. Box Number is Not Acceptable): 31303 SAUNDERS CR.
83
84 City: TAVARES FL 85 Zip Code: 32778

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] MARK A. PASILL 9 May 96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	BERUBE, WILLIAM LOUIS	
STREET ADDRESS	63 ROSE STREET	
CITY-ST-ZIP	UMATILLA FL	
TITLE	VP	☐ DELETE
NAME	PASILL, MARK ALAN	
STREET ADDRESS	31303 SAUNDERS CIRCLE	
CITY-ST-ZIP	TAVARES FL	
TITLE	S	☒ DELETE
NAME	BERUBE, THERESA M	
STREET ADDRESS	63 ROSE STREET	
CITY-ST-ZIP	UMATILLA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
2.2 NAME	MARK ALAN PASILL	
2.3 STREET ADDRESS	31303 SAUNDERS CR.	
2.4 CITY-ST-ZIP	TAVARES, FL 32778	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 address.

SIGNATURE: [signature] MARK A. PASILL PRESIDENT 4-25-96 352-343-8445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #