

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 204206

Entity Name: ATLAS CONCRETE PRODUCTS INC**Current Principal Place of Business:**6452 E. COLONIAL DRIVE
ORLANDO, FL 32807**Current Mailing Address:**6452 E. COLONIAL DRIVE
ORLANDO, FL 32807 US**FEI Number:** 59-0814570**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAYMENT, JOSEPH C. PRESIDENT / OWNER
6452 EAST COLONIAL DRIVE
ORLANDO,, FL 32807 US*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:** JOSEPH C. PAYMENT

03/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	PAYMENT, JOSEPH C.
Address	6452 EAST COLONIAL DRIVE
City-State-Zip:	ORLANDO, FL 32807

Title	TREASURER
Name	PAYMENT, ADAIR A.
Address	6452 EAST COLONIAL DRIVE
City-State-Zip:	ORLANDO FL 32807

Title	VP
Name	PAYMENT, CHRISTOPHER C.
Address	6452 EAST COLONIAL DRIVE
City-State-Zip:	ORLANDO FL 32807

Title	DIRECTOR
Name	PAYMENT, MICHAEL C.
Address	6452 EAST COLONIAL DRIVE
City-State-Zip:	ORLANDO FL 32807

Title	DIRECTOR
Name	PAYMENT, ASHLEE J
Address	6452 E. COLONIAL DRIVE
City-State-Zip:	ORLANDO FL 32807

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ASHLEE PAYMENT**DIRECTOR**

03/04/2024

Electronic Signature of Signing Officer/Director Detail

Date