

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **P95000072224 (5)**  
 1. Corporation Name

**EAST COAST CONCRETE & MATERIALS, INC.**



Principal Place of Business: **406 ASH ST. FERNANDINA BEACH FL 32034**  
 Mailing Address: **406 ASH ST. FERNANDINA BEACH FL 32034**

3. Date incorporated or Qualified: **09/19/1995**  
 3a. Date of Last Report: **09/19/1995**  
 4. FEI Number: **59-3365335**  
 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

2. Principal Place of Business: **21**  
 Suite, Apt. #, etc: **22**  
 City & State: **23**  
 Zip: **24** Country: **25**  
 2a. Mailing Address: **26**  
 Suite, Apt. #, etc: **27**  
 City & State: **28**  
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent  
 81 Name: **A. Jeffrey Tomasetti**  
 82 Street Address (P.O. Box Number is Not Acceptable): **406 Ash St.**  
 83  
 84 City: **Fernandina** FL 85 Zip Code: **32034**

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]* Date: **6/7/96**  
 (NOTE: Registered Agent's signature required when reinstating.)

| 12. OFFICERS AND DIRECTORS |                           | DELETE                   |
|----------------------------|---------------------------|--------------------------|
| TITLE                      | <b>PD</b>                 | <input type="checkbox"/> |
| NAME                       | <b>ALDRIDGE, MARK L</b>   |                          |
| STREET ADDRESS             | <b>ROUTE 2 BOX 3210</b>   |                          |
| CITY-ST-ZIP                | <b>FOLKSTON GA 32537</b>  |                          |
| TITLE                      | <b>VD</b>                 | <input type="checkbox"/> |
| NAME                       | <b>BLUNIER, DANIEL</b>    |                          |
| STREET ADDRESS             | <b>109 WOODLAND CT.</b>   |                          |
| CITY-ST-ZIP                | <b>KINGSLAND GA 31548</b> |                          |
| TITLE                      | <b>STD</b>                | <input type="checkbox"/> |
| NAME                       | <b>GROSS, WILLIAM H</b>   |                          |
| STREET ADDRESS             | <b>PO BOX 365</b>         |                          |
| CITY-ST-ZIP                | <b>KINGSLAND GA 31548</b> |                          |
| TITLE                      |                           | <input type="checkbox"/> |
| NAME                       |                           |                          |
| STREET ADDRESS             |                           |                          |
| CITY-ST-ZIP                |                           |                          |
| TITLE                      |                           | <input type="checkbox"/> |
| NAME                       |                           |                          |
| STREET ADDRESS             |                           |                          |
| CITY-ST-ZIP                |                           |                          |
| TITLE                      |                           | <input type="checkbox"/> |
| NAME                       |                           |                          |
| STREET ADDRESS             |                           |                          |
| CITY-ST-ZIP                |                           |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                              | Change                   | Addition                            |
|---|------------------------------|--------------------------|-------------------------------------|
| 1.1 TITLE   |                              | <input type="checkbox"/> | <input type="checkbox"/>            |
| 1.2 NAME  |                              |                          |                                     |
| 1.3 STREET ADDRESS                                    | <b>N/A</b>                   |                          |                                     |
| 1.4 CITY-ST-ZIP                                       |                              |                          |                                     |
| 2.1 TITLE   |                              | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2.2 NAME  |                              |                          |                                     |
| 2.3 STREET ADDRESS                                    | <b>N/A</b>                   |                          |                                     |
| 2.4 CITY-ST-ZIP                                       |                              |                          |                                     |
| 3.1 TITLE   |                              | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3.2 NAME  |                              |                          |                                     |
| 3.3 STREET ADDRESS                                    | <b>N/A</b>                   |                          |                                     |
| 3.4 CITY-ST-ZIP                                       |                              |                          |                                     |
| 4.1 TITLE   |                              | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4.2 NAME  |                              |                          |                                     |
| 4.3 STREET ADDRESS                                    |                              |                          |                                     |
| 4.4 CITY-ST-ZIP                                       |                              |                          |                                     |
| 5.1 TITLE   |                              | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5.2 NAME  |                              |                          |                                     |
| 5.3 STREET ADDRESS                                    |                              |                          |                                     |
| 5.4 CITY-ST-ZIP                                       |                              |                          |                                     |
| 6.1 TITLE   |                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.2 NAME  |                              |                          |                                     |
| 6.3 STREET ADDRESS                                    | <b>300001916173</b>          |                          |                                     |
| 6.4 CITY-ST-ZIP                                       | <b>-08/08/96--01024--043</b> |                          |                                     |
|   | <b>***225.00</b>             |                          |                                     |

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Date: **6-20-96** Daytime Phone #: **712-739-1500**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)