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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90098 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000007110

1. Corporation Name
 OLDCASTLE PRECAST, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: PO BOX 608 AUBURN WA 98071-
 Mailing Address: PO BOX 608 AUBURN WA 98071-

3. Date Incorporated or Qualified: 12/30/1998

2. Principal Place of Business: 21 2140 RONDELLA ROAD, 22 NORTH FORT MYERS, FL, 23 33903, 24 USA
 2a. Mailing Address: 26 4727 N. ATLANTA DR, 27 SUITE A, 28 TUCKER, GA, 29 30084, 30 USA

4. FEI Number: 91-0782138
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes

9. Name and Address of Current Registered Agent: PITERSKI, DAVID, 7311 NW 77TH ST., MEDLEY FL 33166

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City: FL, 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHACK, JAMES B	
STREET ADDRESS	24415 142ND AVE SE	
CITY-ST-ZIP	KENT WA 98042	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SCHACK, MARK	
STREET ADDRESS	556 E. LINDA LN.	
CITY-ST-ZIP	GILBERT AZ 85234	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RHEES, RAY	
STREET ADDRESS	3058 E. NICHOLS CIRCLE	
CITY-ST-ZIP	LITTLETON CO 80122	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	QUINN, ROBERT D	
STREET ADDRESS	16707 160TH PL SE 300 VUEMONT PINE #5-30	
CITY-ST-ZIP	RENTON WA 98058 Renton WA 98056	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHEDD, DAVID M	
STREET ADDRESS	217 S. BARRINGTON, #302	
CITY-ST-ZIP	LOS ANGELES CA 90049	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MOERGELI, KEITH	
STREET ADDRESS	1408-11TH ST-NE 2102 THYVAVE #1202	
CITY-ST-ZIP	AUBURN WA 98002 Seattle WA 98127-3302	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DOUG BLACK
2.3 STREET ADDRESS	4727 N. ROYAL ATLANTA DRIVE SUITE A
2.4 CITY-ST-ZIP	TUCKER GA 30084
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	ASST. SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ERIC FARINHA
6.3 STREET ADDRESS	4727 N. ROYAL ATLANTA DR SUITE A
6.4 CITY-ST-ZIP	TUCKER GA 30084

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 address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED ASST SECRETARY 3-15-99 790-270-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)