

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 30 1998 8:00am  
 Secretary of State

*PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H32250 (3)**  
 1. Corporation Name  
**TARPON VAULT AND CONCRETE SPECIALTIES, INC.**



Principal Place of Business 1502 SAVANNAH AVE P. O. BOX 417 TARPON SPRINGS FL 34688 US	Mailing Address 1502 SAVANNAH AVE P. O. BOX 417 TARPON SPRINGS FL 34688 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>11/29/1984</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2463425</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WORKER, EDITH W**  
**1502 SAVANNAH AVE**  
**TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP WORKER, GEORGE W. 1502 SAVANNAH AVE TARPON SPRINGS FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P WORKER, EDITH D. 1502 SAVANNAH AVE TARPON SPRINGS FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST WORKER, ROBERT CHARLES 1502 SAVANNAH AVE TARPON SPRINGS FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 \*\*\*150.00

*J. J. 20*

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.

SIGNATURE \_\_\_\_\_

CR2E034 (5/98)

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**TARPON VAULT AND CONCRETE SPECIALTIES, INC.**

P.O. Box 417, Tarpon Springs, FL 34688-0417 - 813-934-6165 - Fax 813-937-8455

Edith & George  
Worker

July 20, 1998

Florida Dept. of State  
Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Gentlemen:

I recently received the Annual Corporation Report 1998  
- Second Notice.

After calling I was told to write this letter as explanation  
of our apparent failure to file in a timely fashion.

As previous records will indicate we have always filed  
on time in the 13 years we have been a corporation. I find  
no record to indicate that a first notice was ever received.

A check is enclosed for the normal \$150.00 fee and hopefully  
you can use this check to reinstate our records. Our apologies  
for any inconvenience this has caused you but I can assure you  
had it been received in this office, it would have been filed  
on time.

Thank you for your attention to this and if you have further  
questions please do not hesitate to call.

Sincerely,



Edith D. Worker  
President

cc: File/Office  
encl. #12957