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Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90057 025 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # H32250

1. Corporation Name TARPON VAULT AND CONCRETE SPECIALTIES, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 11/29/1984

4. FEI Number: 59-2463425

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 owes the current year Intangible Personal Property Tax: Yes

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) details including Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85) details including Name, Street Address, City, and 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WORKER, GEORGE W.	
STREET ADDRESS	1502 SAVANNAH AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WORKER, EDITH D.	
STREET ADDRESS	1502 SAVANNAH AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WORKER, ROBERT CHARLES	
STREET ADDRESS	1502 SAVANNAH AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Edith W. Worker REED, WORKER 1-8-99 (727) 934-6165

CR2E034 (11/98)