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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 461144 (8)

1. Corporation Name
L. W. SIMPSON CONCRETE, INC.

Principal Place of Business

18812 1ST ST SE
LUTZ FL 33549
US

Mailing Address

18812 1ST ST SE
LUTZ FL 33549-4347
US



3. Date Incorporated or Qualified 09/16/1974
3a. Date of Last Report 04/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 18815 1ST ST SE	26 18815 1ST ST SE	59-1713916	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 LUTZ FL 33549-4348	28 LUTZ FL	<input type="checkbox"/>	
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 33549-4348	25 US	29 33549-4348	30 US

9. Name and Address of Current Registered Agent

SIMPSON, L. W.
18812 1ST ST SE
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name SIMPSON, L. W.
82 Street Address (P.O. Box Number is Not Acceptable) 18815 1ST ST SE
83
84 City LUTZ FL 85 Zip Code 33549-4348

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 *Lyle W Simpson* LYLE W SIMPSON, PRESIDENT FEBRUARY 28, 1997
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	SIMPSON, LYLE W., JR.	1.2 NAME	SIMPSON, LYLE W., JR.
STREET ADDRESS	18812 1ST ST SE	1.3 STREET ADDRESS	18815 1ST ST SE
CITY - ST - ZIP	LUTZ FL	1.4 CITY - ST - ZIP	LUTZ FL 33549-4348
TITLE	D	2.1 TITLE	
NAME	WINDSOR, KIMBERLY A	2.2 NAME	
STREET ADDRESS	9316 N ASHLEY ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	VSD	3.1 TITLE	VSD
NAME	SIMPSON, BONNIE L.	3.2 NAME	SIMPSON, BONNIE L.
STREET ADDRESS	18812 1ST ST SE	3.3 STREET ADDRESS	18815 1ST ST SE
CITY - ST - ZIP	LUTZ FL	3.4 CITY - ST - ZIP	LUTZ FL 33549-4348
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *Bonnie L Simpson* BONNIE L. SIMPSON, VP FEBRUARY 28, 1997 (813)961-4205
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)