


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L37167 (8) 1. Corporation Name SEMINOLE PRECAST, INC.		



Principal Place of Business 1440 DOLGNER PLACE SANFORD FL 32771	Mailing Address 1440 DOLGNER PLACE SANFORD FL 32771
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 331 BENSON JUNCTION RD Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. BOX 1045 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 12/19/1989	
City & State 23 DE BARY, FL Zip 24 32713		City & State 28 DE BARY, FL Zip 29		4. FEI Number 59-2985737 Applied For Not Applicable	
Country 25 VOLUSIA		Country 30 VOLUSIA		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NEISWANDER, CURTIS M. 1440 DOLGNER PLACE SANFORD FL 32771		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 331 BENSON JUNCTION RD 83 84 City DE BARY FL 85 Zip Code 32713	
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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	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEISWANDER, H. MARTIN	1.2 NAME	
STREET ADDRESS	1430 DOLGNER PLACE	1.3 STREET ADDRESS	331 BENSON JUNCTION RD
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	DEBARY, FL 32713
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEISWANDER, CURTIS M.	2.2 NAME	
STREET ADDRESS	1440 DOLGNER PLACE	2.3 STREET ADDRESS	331 BENSON JUNCTION RD.
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	DEBARY, FL 32713
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEISWANDER, PATRICIA A.	3.2 NAME	
STREET ADDRESS	1430 DOLGNER PLACE	3.3 STREET ADDRESS	331 BENSON JUNCTION RD.
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	DEBARY, FL 32713
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 type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____ 3/2/98 (407) 668-7745

CR2E034 (10/97)