

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED**

**Mar 06 1996 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Moriham Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 173487 (0)**  
1. Corporation Name  
**CEMENT INDUSTRIES, INC.**



Principal Place of Business <b>2709 JEFFCOTT ST FT. MYERS FL 33901</b>	Mailing Address <b>2709 JEFFCOTT ST FT. MYERS FL 33901</b>
---	---

3. Date Incorporated or Qualified <b>05/07/1953</b>	3a. Date of Last Report <b>02/24/1995</b>
--	--

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-0697707</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THOMPSON, GAY R  
17582 BOAT CLUB DR SW  
FT MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>THOMPSON, GAY REBEL</b> <b>17582 BOAT CLUB DR SW</b> <b>FT MYERS, FL 33908</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>THOMPSON, BETTINA</b> <b>1820 PACIFIC AVE.</b> <b>NO FT MYERS FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>No. Ft. Myers, FL 33903</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SHEPARD, CHRISTINE</b> <b>18471 TELEGRAPH CREEK LN</b> <b>ALVA FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Alva, FL 33920</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>THOMPSON, W.BROWN III</b> <b>30 TIMBERLAND CIRCLE</b> <b>FORT MYERS FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Fort Myers, FL 33919</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GORRELL, JAMES E.</b> <b>412 PARKWAY COURT</b> <b>FORT MYERS FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Fort Myers, FL 33919</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BUMPOUS, E. T</b> <b>2055 BRAMAN AVE. #1</b> <b>FORT MYERS FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6741 Circle Dr.</b> <b>Fort Myers, FL 33905</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Christine Shepard* **CHRISTINE SHEPARD** *2/29/96* (941) 932-1440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)