

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

FILED  
Mar 25 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 # 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>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/07/1953</b>	
21	22	26	27	4. FEI Number <b>59-0697707</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	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	
Zip	Country	Zip	Country		

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THOMPSON, GAY R 11604 TIMBERLANE CIRCLE FT MYERS FL 33912</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>11604 TIMBERLANE CIRCLE</b>		
				83			
				84	City	<b>FL</b>	85

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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	THOMPSON, GAY REBEL		1.2 NAME				
STREET ADDRESS	11604 TIMBERLANE CIRCLE		1.3 STREET ADDRESS	<b>11604 TIMBERLANE CIRCLE</b>			
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	<b>33912</b>			
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	THOMPSON, BETTINA		2.2 NAME				
STREET ADDRESS	1620 PACIFIC AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	NO FT MYERS FL		2.4 CITY-ST-ZIP	<b>33903</b>			
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SHEPARD, CHRISTINE		3.2 NAME				
STREET ADDRESS	18471 TELEGRAPH CREEK LN		3.3 STREET ADDRESS				
CITY-ST-ZIP	ALVA FL		3.4 CITY-ST-ZIP	<b>33920</b>			
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	THOMPSON, W.BROWN III		4.2 NAME				
STREET ADDRESS	30 TIMBERLAND CIRCLE		4.3 STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZIP	<b>33919</b>			
TITLE	V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GORRELL, JAMES E.		5.2 NAME				
STREET ADDRESS	412 PARKWAY COURT		5.3 STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS FL		5.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BUMPOUS, E. T		6.2 NAME				
STREET ADDRESS	6741 CIRCLE DRIVE		6.3 STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS FL		6.4 CITY-ST-ZIP	<b>33905</b>			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 3/19/98 (94) 3324440

CR2E034 (10/97)