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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT Corporation Name	#	183403

(5)

SARASOTA PRECAST PRODUCTS, INC.

FILED
Jan 14 1997 8:00am
Secretary of State



Principal Place of Business Mälling Address P O BOX 784 1415 MYRTLE AVE 1415 MYRTLE AVE SARASOTA FL 34234-4723 SARASOTA FL 34234-4723		-	Date Incorporated or Qualified					
2 Principal P	lace of Business	2a. Mailing Address			02/15/1955 4. FEI Number	1 03/		
21 Principal F	GOG OF DUSINESS	26. Ivialing Address			59-0732901			Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.						Additional
22	•	27			5. Certificate of Status Desired			Required
City & Stat	6	City & State			6. Election Campaign Financing		\$5.0	May Be
23	· · · · · · · · · · · · · · · · · · ·	28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for			s. 199.032,
24	25	[29]	30				No	
	9. Name and Address of Currer	nt Hegistered Agent		81 Name	10. Name and Address of New Re	gistered /	agent	
	CARTHY, MICHAEL, W		Į	81 Name				
	MYRTLE ST			82 Street Add	lress (P.O. Box Number is Not Acceptable)			
SAR	ASOTA FL 34234			83		·		
			ĺ	84 City			85 Zij	o Code
	1.0	10 and 607 (100 F)-12-01		1	poration submits this statement for the p	FL		de la
12.	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS DELETE	13.	1 Agent signature requ	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	
TITLE	D MOCADITUV DAVMOND I	[DELETE	1.1 11				LL Change	: LJ AQQIDDN
NAME CEDITE LADDOCOU	MCCARTHY,RAYMOND J 5326 CALLE FLORIDA		1.2 N/	· I				
STREET ADDRESS	SARASOTA FL			REET ADDRESS				
CITY-ST-7:P TITLE	P	DELETE	1.4 CI 2.1 Tf	TY-ST-ZIP			Change	Addition
NAME	MCCARTHY, MICHAEL W.	MELL	2.2 N/	Į.			- Similar	- I ridonium
STREET ADDRESS	527 BAYVIEW PARKWAY		li li	REET ADDRESS				
CITY-ST-ZIP	NOKOMIS FL			ITY-ST-ZIP				
TITLE	D	DELETE	3.116				Change	Addition
NAME	MCCARTHY, WILMA		3 2 N/	AME				
STREET ADDRESS	5326 CALLE FLORIDA		3.3 \$1	REET ADDRESS				
CITY - ST - ZIP	SARASOTA FL		1	iTY-ST-ZIP				
TITLE		☐ DELETE	4.1 H	TLE			Change	Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 SI	REET ADDRESS				
CITY - ST - ZIP			4.4 CI	TY-ST-ZIP				
TITLE		DELETE	5.1 71	TLE			Change	Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 \$1	REET ADDRESS				
City-St-7IP		-		TY-ST-ZIP			- Print -	——————————————————————————————————————
TillE		DELETE	61TI	I			Change	e Addition
NAME			6 2 N	I				
STREET ADDRESS				REET ADDRESS				
CiTY-ST-ZIP	<u> </u>		64 C	TY - 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 it shanges, or on an attachment with an address.

SIGNATURE:

R.J.M. CARthy)