

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 225522 (2)
1. Corporation Name
MAPLES CONCRETE PRODUCTS COMPANY INC



Principal Place of Business P.O. BOX 7529 TALLAHASSEE FL 32314	Mailing Address P.O. BOX 7529 TALLAHASSEE FL 32314-7529
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1959		3a. Date of Last Report 07/01/1996	
21	26	4. FEI Number 59-0870809		Applied For		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

MAPLES, JAMES N.
103 FOUR POINTS WAY
TALLAHASSEE FL 32310

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	MAPLES, JAMES N.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
103 FOUR POINTS WAY		1B STREET ADDRESS	
TALLAHASSEE, FL 00000		1C CITY - ST - ZIP	
SD	MAPLES, CARL H.E.	2A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
103 FOUR POINTS WAY		2B NAME	
TALLAHASSEE, FL 00000		2B STREET ADDRESS	
		2C CITY - ST - ZIP	
		3A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3B NAME	
		3B STREET ADDRESS	
		3C CITY - ST - ZIP	
		4A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4B NAME	
		4B STREET ADDRESS	
		4C CITY - ST - ZIP	
		5A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5B NAME	
		5B STREET ADDRESS	
		5C CITY - ST - ZIP	
		6A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6B NAME	
		6B STREET ADDRESS	
		6C 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 this 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: *James N. Maples* 4/28/97 904-893-7696

CR2E034 (9/96)