

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Moorman
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:22

DOCUMENT # 308893 (7)

1. Corporation Name

SOUTH EASTERN PRESTRESSED CONCRETE, INC.

Principal Place of Business

**880 BENOIST FARMS RD
WEST PALM BEACH FL 33411-3749**

Mailing Address

**880 BENOIST FARMS RD
WEST PALM BEACH FL 33411-3749**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/07/1966

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1156876

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**MARTINELLI, VICTOR
1630 CLARE AVE
WEST PALM BEACH FL 33401**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD**
NAME **MURPHY, MARTIN E.**
STREET ADDRESS **1615 CLARE AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **33401**

TITLE **D**
NAME **MURPHY, JOHN E.**
STREET ADDRESS **1615 CLARE AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **33401**

TITLE **ASD**
NAME **CARROLL, WILLIAM N.**
STREET ADDRESS **1615 CLARE AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **33401**

TITLE **PD**
NAME **PHILIPS, CHARLES F.**
STREET ADDRESS **880 BENOIST FARMS RD**
CITY-ST-ZIP **WEST PALM BEACH FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **33416**

TITLE **STD**
NAME **MARTINELLI, VICTOR**
STREET ADDRESS **1888 STAMFORD CIRCLE**
CITY-ST-ZIP **WELLINGTON FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **33414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(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:

Victor Martinelli

SECRETARY VICTOR MARTINELLI

4/6/95

407/655-3634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone)