

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F28795 (5)**
1. Corporation Name
HOWIE CONCRETE PRODUCTS CO.



Principal Place of Business Mailing Address
**RT 5 BOX 366C
BIG PINE KEY FL 33043**

3. Date Incorporated or Qualified **04/08/1981** 3a. Date of Last Report **03/24/1995**

2. Principal Place of Business 2a. Mailing Address
21 **30463 HAWK LANE** 26 **30463 HAWK LANE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **BIG PINE KEY FL** 28 **BIG PINE KEY FL**
Zip Country Zip Country
24 **33043** 25 **USA** 29 **33043** 30 **USA**

4. FEI Number **59-2053564** 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 New Registered Agent

**PARKER, DOUGLAS S.
RT 5 BOX 366C
BIG PINE KEY FL 33043**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **30463 HAWK LANE**
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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 *Douglas S. Parker* **Douglas S. Parker President** **3/28/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, LUCILLE	
STREET ADDRESS	23068 BLUEGILL LANE	
CITY-ST-ZIP	SUMMERLAND KEY, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PARKER, DOUGLAS S.	
STREET ADDRESS	RT 5 BOX 366C	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PARKER, CHRISTINA	
STREET ADDRESS	RT 5 BOX 366-C	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	30463 HAWK LANE
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	30463 HAWK LANE
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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: *Christina M. Parker* **Christina M. Parker** **3/28/96 (305) 872-3364**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)