

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

DOCUMENT # **F83785**

(8)

1. Corporation Name

FLORIDA CONCRETE COMPANY

FILED
Jan 21 1997 8:00am
Secretary of State



Principal Place of Business

1837 SW VICTOR LANE
PT ST LUCIE FL 34984

Mailing Address

1837 SW VICTOR LANE
PT ST LUCIE FL 34984-4430

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

28. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/03/1982

3a. Date of Last Report

02/12/1996

4. FEI Number

59-2233434

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

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

D'ARISTOTILE, GIUSEPPE
1837 SW VICTOR LANE
PORT ST LUCIE FL 34984

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 of registered agent or director 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

CR2E034 (9/96)

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					1.2 NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS		
					1.4 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					2.2 NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					2.4 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					3.2 NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					3.4 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					4.2 NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					4.4 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					5.2 NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					5.4 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					6.2 NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					6.4 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 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:

Giuseppe D'Aristotle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1-11-97 871-7152

Date/Phone #