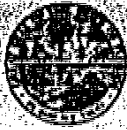


FILE NOW! FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000000921 (6)

1. Corporation Name
OLDCASTLE PRECAST, INC.

FILED
95 FEB -7 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P.O. BOX 1200 TUCKER GA 30085-1200
P.O. BOX 1200 TUCKER GA 30085-1200

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/23/1994** 3a. Date of Last Report
4. FEI Number **91-0792138** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**CORPORATION SYSTEM COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
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 understand the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHACK, JAMES B
STREET ADDRESS	P.O. BOX 588 N/A
CITY - ST - ZIP	AUBURN WA
TITLE	D
NAME	MCCULLOUGH, JOSEPH
STREET ADDRESS	375 NORTHBRIDGE ROAD, STE 220
CITY - ST - ZIP	ATLANTA GA
TITLE	V
NAME	SOLBERG, THOMAS
STREET ADDRESS	P.O. BOX 1200 N/A
CITY - ST - ZIP	TUCKER GA
TITLE	ST
NAME	LYNCH, MICHAEL
STREET ADDRESS	11777 SAN VICENTE BLVD, STE 747
CITY - ST - ZIP	LOS ANGELES CA
TITLE	AS
NAME	QUINN, ROBERT D
STREET ADDRESS	P.O. BOX 588 N/A
CITY - ST - ZIP	AUBURN WA
TITLE	AS
NAME	FARINHA, ERIC
STREET ADDRESS	P.O. BOX 1200 N/A
CITY - ST - ZIP	TUCKER GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ASSIST. SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GLENN A. CULPEPPER
1.3 STREET ADDRESS	11777 SAN VICENTE BLVD., SUITE 747
1.4 CITY - ST - ZIP	LOS ANGELES, CA 90049
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, hereof, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/24/95 910-826 8558
Signature and typed or printed name of officer or director