

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000000629 (4)**

1. Corporation Name

**OLDCASTLE PRECAST EAST, INC.**



Principal Place of Business

P.O. BOX 588  
AUBURN WA 98071

Mailing Address

P.O. BOX 588  
AUBURN WA 98071

3. Date Incorporated or Qualified  
**02/07/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **2140 Pondella Road**

26 **4478 Greer Circle**

4. FEI Number  
**36-3478453**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State

28 City & State

**N. Fort Myers, FL**

**Stone Mountain, GA**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

**33903**

**USA**

**30083**

**USA**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name **Dick Baldwin**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2140 Pondella Road**  
83  
84 City **North Fort Myers FL** 85 Zip Code **33903**

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 **RICHARD P BALDEWIN**

*Richard P Baldwin*

**3/4/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHACK, JAMES B</b>	
STREET ADDRESS	<b>2808 A STREET SE</b>	
CITY-ST-ZIP	<b>AUBURN WA 98002</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> DELETE
NAME	<b>QUINN, ROBERT D</b>	
STREET ADDRESS	<b>2808 A STREET S.E.</b>	
CITY-ST-ZIP	<b>AUBURN WA 98002</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>LYNCH, MICHAEL D</b>	
STREET ADDRESS	<b>11777 SAN VICENTE BLVD.</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA 90049</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>O'MAHONY, LIAM</b>	
STREET ADDRESS	<b>BELGARD CASTLE, CLONDALKIN</b>	
CITY-ST-ZIP	<b>DUBLIN 22, IRELAND</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 checked="" type="checkbox"/> Addition
5 2 NAME	<b>Assistant Secretary</b>
5 3 STREET ADDRESS	<b>Eric Farinha</b>
5 4 CITY-ST-ZIP	<b>4478 Greer Circle</b>
6 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6 2 NAME	<b>Senior VP</b>
6 3 STREET ADDRESS	<b>Tom Solberg</b>
6 4 CITY-ST-ZIP	<b>4478 Greer Circle</b>
	<b>Stone Mountain, GA - 30083</b>

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:

*Eric Farinha*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-29-96**  
Date

**770-493-5430**  
Daytime Phone #

CR2E034 (12/95)