

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90063 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000629

1. Corporation Name
OLDCASTLE PRECAST EAST, INC.



Principal Place of Business 2140 PONDELLA ROAD SUITE A NORHT FORT MYERS FL 33903 US	Mailing Address 4727 N ATLANTA DR A TUCKER GA 30084 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 02/07/1995	4. FEI Number 36-3478453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

ROTONDO, JOHN
 2140 PONDELLA ROAD
 NORTH FORT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name DAVID PETERSKI
82 Street Address (P.O. Box Number is Not Acceptable) 7311 NW 97TH ST
83
84 City MEDLEY
85 Zip Code FL 33166

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 of 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 *David J. Peterski* **David J. Peterski** DATE **3-22-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHACK, JAMES B	
STREET ADDRESS	2808 A STREET SE	
CITY-ST-ZIP	AUBURN WA 98002	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	QUINN, ROBERT, D	
STREET ADDRESS	2808 A STREET S.E.	
CITY-ST-ZIP	AUBURN WA 98002	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	LYNCH, MICHAEL D	
STREET ADDRESS	11777 SAN VICENTE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90049	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'MAHONY, LIAM	
STREET ADDRESS	BELGARD CASTLE, CLONDALKIN	
CITY-ST-ZIP	DUBLIN 22, IRELAND	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	FARINHA, EIRC	
STREET ADDRESS	4478 GREER CIRCLE	
CITY-ST-ZIP	STONE MOUNTAIN GA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	BLACK, DOUG	
STREET ADDRESS	4478 GREER CIRCLE	
CITY-ST-ZIP	STONE MOUNTAIN GA	

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 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 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, with all other like empowered.

SIGNATURE: *Eric Farinha* **ERIC FARINHA** SECRETARY 3-15-99 770-270-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1-1/98)