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

PROFIT CORPORATION ANNUAL REPORT **1998**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500006284 (2)

PARABOND PIPE CEMENT, INC.

Principal Place of Business Mailing Address

202 INDUSTRIAL PARK LANE 1709 S MAIN ST
COLLIERVILLE TN 38019 GARDENA CA 90248
US

26

27

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Mar 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

 Date Incorporated or Qualified 12/27/1995

FEI Number

95-4557571

5. Certificate of Status Desired

6. Election Campaign Financing

Added to Fees 28 Trust Fund Contribution 23 Zip Country Z(p)Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name NATIONSCORP REGISTERED AGENTS, INC. 526 E. PARK AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 63 84 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE Jordan, Robert W NAME 1.2 NAME CR2E034 47 GREENLAND DRIVE STREET ADDRESS 1.3 STREET ADDRESS **GREENVILLE SC** CITY-ST-ZIF 1.4 CHIY-ST-ZIP CF0 DELETE Change ■ Addition TITLE 2.1 TITLE CROSS, ROBERT NAME 2.2 NAME 5401 BANKTON DRIVE 2.3 STREET ADDRESS STREET ADDRESS **HUNTINGTON BEACH CA** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 31 TIBE TITLE TYLER, WAT H NAME 3.2 NAME **55 PICKNEY STREET** STREET ADDRESS 3.3 STREET ADDRESS **BOSTON MA** CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE PATEL, NARESH NAME 4. 2 NAME 9223 PASO ROBLES AVENUE STREET ADDRESS 4.3 STREET ADDRESS NORTHRIDGE CA CITY-ST-ZIP 4.4 City - ST - ZiP DELETE Change Addition TITLE 5.1 TITLE HUMBER, JEFFREY NAME 5.2 NAME **736 MOSS** STREET ADDRESS 5.3 STREET ADDRESS **MEMPHIS TN** 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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.

SIGNATURE:

Red Com

3/21/28 mo 828-3300