


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90084 036 ***150.00

0541250

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

DOCUMENT # F97000006783
 1. Corporation Name
BAYOU CONCRETE COMPANY, INC.



Principal Place of Business PO BOX 2525 MOBILE AL 36652-2525	Mailing Address PO BOX 2525 MOBILE AL 36652-2525
--	--

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/22/1997	
4. FEI Number 64-0598655	Applied For 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
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SPURLOCK, WAYNE
1921 EAST ROBERTS ROAD
PENSACOLA FL 32534

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	HOLLISTER JR, R K
STREET ADDRESS	5509 INDUSTRIAL ROAD
CITY-ST-ZIP	PASCAGOULA MS
TITLE	PD <input type="checkbox"/> DELETE
NAME	HOLLISTER, R H
STREET ADDRESS	3151 HAMILTON BLVD
CITY-ST-ZIP	THEODORE AL
TITLE	SD <input type="checkbox"/> DELETE
NAME	OVERSTREET, JIM
STREET ADDRESS	1052 HIGHLAND COLONY PKWY STE 201
CITY-ST-ZIP	RIDGELAND MS
TITLE	VT <input checked="" type="checkbox"/> DELETE
NAME	SMITH, R G
STREET ADDRESS	3601 E SPRINGWOOD DR
CITY-ST-ZIP	MOBILE AL
TITLE	D <input type="checkbox"/> DELETE
NAME	FRENCH, J S
STREET ADDRESS	3900 AIRPORT HWY
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	D <input type="checkbox"/> DELETE
NAME	GOLDIN, MARTIN
STREET ADDRESS	12440 SEAWAY ROAD
CITY-ST-ZIP	GULFPORT MS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	

D
 Megehee, Carl A.
 726 Delmar Avenue
 Pascagoula, MS 39567

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: *R. H. Hollister* **FILED** 1/5/99 334-408-0740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)