


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

FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G20766 (3)					
1. Corporation Name BAGGETT & HESS CONCRETE, INC.					
Principal Place of Business 5550 ASHTON ROAD SARASOTA FL 34233			Mailing Address 5550 ASHTON ROAD SARASOTA FL 34233-3243		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/28/1983	
				3a. Date of Last Report 02/01/1996	
				4. FEI Number 59-2636844	
				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	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WINDT, JACK WM. ESQUIRE 2389 RINGLING BLVD. STE. A SARASOTA FL 34237			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 accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	BAGGETT, LEE		<input type="checkbox"/> DELETE	
NAME		5033 N. FIELDING LN.			
STREET ADDRESS		SARASOTA FL 34233			
CITY - ST - ZIP					
TITLE	V	HESS, RON		<input type="checkbox"/> DELETE	
NAME		5550 ASHTON RD.			
STREET ADDRESS		SARASOTA FL 34233			
CITY - ST - ZIP					
TITLE	T	BARFIELD, LARRY		<input type="checkbox"/> DELETE	
NAME		4013 75TH TERR. E.			
STREET ADDRESS		SARASOTA FL 34243			
CITY - ST - ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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 do 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: <i>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RON HESS		3-27-97 922-9154	

CR2E034 (9/96)