


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

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G40764** (4)
1. Corporation Name
SANFORD CONCRETE & PAVEMENT MARKINGS, INC.



Principal Place of Business % LOUIS P. THEISEN 600 HICKMAN CIRCLE, I-4 INDUSTRIAL PARK SANFORD FL 32771	Mailing Address % LOUIS P. THEISEN 600 HICKMAN CIRCLE, I-4 INDUSTRIAL PARK SANFORD FL 32771
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/24/1983	
4. FEI Number 58-2289438		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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THEISEN, LOUIS P. 216 HICKMAN DR., I-4 INDUSTRIAL PARK SANFORD FL 32771				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			
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE	Change			Addition
NAME	BARMAN, DOUGLAS N.		1.2 NAME				
STREET ADDRESS	4010 DRAKE RD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	NORWALK OH		1.4 CITY-ST-ZIP				
TITLE	STD	DELETE	2.1 TITLE	Change			Addition
NAME	HUG, STEVEN C.		2.2 NAME				
STREET ADDRESS	1 JENNIFER WAY		2.3 STREET ADDRESS				
CITY-ST-ZIP	NORWALK OH		2.4 CITY-ST-ZIP				
TITLE	PD	DELETE	3.1 TITLE	Change			Addition
NAME	THEISEN, LOUIS P.		3.2 NAME				
STREET ADDRESS	459 HAMPTONCREST CIRCLE		3.3 STREET ADDRESS				
CITY-ST-ZIP	HEATHROW FL		3.4 CITY-ST-ZIP				
TITLE	VD	DELETE	4.1 TITLE	Change			Addition
NAME	MCFADDEN, JAMES M.		4.2 NAME				
STREET ADDRESS	PATTON TRACT RD.		4.3 STREET ADDRESS				
CITY-ST-ZIP	N MONROEVILLE OH		4.4 CITY-ST-ZIP				
TITLE	D	DELETE	5.1 TITLE	Change			Addition
NAME	REICHERT, GERALD		5.2 NAME				
STREET ADDRESS	128 SYCAMORE DRIVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	NORWALK OH		5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE	Change			Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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.

SIGNATURE: *Louis P. Theisen* 3/30/98 (407) 321-1010

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