SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 OCT -1 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G59053 (0)

1. Corporation Name
Darrell's Concrete Pumping Svc, Inc

Principal Place of Business
c/o Wilburn Darrell Mincey
POB 2835
High Springs, FL
32643

Mailing Address
c/o Wilburn Darrell Mincey
P.O. Box 2835
High Springs, FL
32643

3. Date Incorporated or Qualified: 9/12/1983
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2311871 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Wilburn Darrell Mincey
82 Street Address (P.O. Box Number is Not Acceptable): Rt 1 Box 3020
83 Fort White
84 City: FL 85 Zip Code: 32038

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) Date (Registered Agent signature required when changing) (Date)

12. OFFICERS AND DIRECTORS

TITLE: DP [ ] DELETE
NAME: Mincey, Wilburn Darrell
STREET ADDRESS: Rt 1 Box 3020
CITY, ST, ZIP: Fort White, FL. 32038

TITLE: DVS [ ] DELETE
NAME: Mincey, Robin Lyn
STREET ADDRESS: Rt 1 Box 3020
CITY, ST, ZIP: Fort White FL 32038

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

900001962446
-10/02/96--01023--013
****225.00 ****225.00

11 TITLE [ ] Change [ ] Add
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE [ ] Change [ ] Add
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE [ ] Change [ ] Add
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE [ ] Change [ ] Add
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE [ ] Change [ ] Add
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE [ ] Change [ ] Add
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

10/01/96

14. I do hereby certify that the information supplied with this filing is valid and accurate for the calendar year stated in Sec. 119.07(2)(b), Florida Statutes. I further certify that this information has been made known to all shareholders and annual report includes all amendments of any significance made by the board of directors. 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 above, or on an attached sheet with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/96 (352) 378-3003
Date Daytime Phone

CR2E034 (3/96)