

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G93956** (2)

1. Corporation Name
MICHIGAN CONCRETE, INC.



Principal Place of Business
~~GROVE PARK BLDG PLAZA STE 2~~
1510 COMMERCIAL PARK DR
LAKELAND FL 33801

Mailing Address
~~GROVE PARK BLDG PLAZA STE 2~~
1510 COMMERCIAL PARK DR
LAKELAND FL 33801

2. Principal Place of Business	2a. Mailing Address
21 1510 Commercial Pk Dr Suite, Apt. #, etc.	26 1510 Commercial Pk Dr Suite, Apt. #, etc.
22 #2 City & State	27 #2 City & State
23 Lakeland FL Zip Country	28 Lakeland FL Zip Country
24 33801 25 Polk	29 33801 30 POLK

3. Date Incorporated or Qualified 03/30/1984	3a. Date of Last Report 12/04/1995
4. FEI Number 59-2401320	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
SAWOSCINSKI, ALAN C
1510 COMMERCIAL PARK DR STE 3
~~GROVE PARK PLAZA BLDG~~
LAKELAND FL 33801

10. Name and Address of New Registered Agent
81 Name **SAWOSCINSKI, ALAN C.**
82 Street Address (P.O. Box Number is Not Acceptable)
1510 Commercial PK Dr #2
83
84 City **Lakeland** FL 85 Zip Code **33801**

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 (Corporate Name of Agent) _____ Date _____
Signature (Registered Agent) _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAWOSCINSKI, ALAN C.	
STREET ADDRESS	29 BASS STREET	
CITY, ST, ZIP	HAINES CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAWOSCINSKI, WALTER A.	
STREET ADDRESS	11020 TEN OAKS DR.,	
CITY, ST, ZIP	HUDSON FL	
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Alan Sawosinski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96

CR2E034 (12/95)