

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Jul 30 1998 8:00am  
Secretary of State

<b>*PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE
		<b>Sandra B. Mortham</b>
		Secretary of State
		DIVISION OF CORPORATIONS

DOCUMENT # **H32250 (3)**  
1. Corporation Name  
**TARPON VAULT AND CONCRETE SPECIALTIES, INC.**



Principal Place of Business	Mailing Address
1502 SAVANNAH AVE P. O. BOX 417 TARPON SPRINGS FL 34688 US	1502 SAVANNAH AVE P. O. BOX 417 TARPON SPRINGS FL 34688 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/29/1984</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2463425</b>	8.75 Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	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

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

9. Name and Address of Current Registered Agent

**WORKER, EDITH W  
1502 SAVANNAH AVE  
TARPON SPRINGS FL 34688**

10. Name and Address of New Registered Agent

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

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WORKER, GEORGE W.</b>	1.2 NAME	
STREET ADDRESS	<b>1502 SAVANNAH AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WORKER, EDITH D.</b>	2.2 NAME	
STREET ADDRESS	<b>1502 SAVANNAH AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WORKER, ROBERT CHARLES</b>	3.2 NAME	
STREET ADDRESS	<b>1502 SAVANNAH AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

7/30/98 (F13) 934-6165

CR2E034 (5/98)

②

**TARPON VAULT AND CONCRETE SPECIALTIES, INC.**

P.O. Box 417, Tarpon Springs, FL 34688-0417 - 813-934-6165 - Fax 813-937-8455

Edith & George  
Worker

July 20, 1998

Florida Dept. of State  
Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

I recently received the Annual Corporation Report 1998  
- Second Notice.

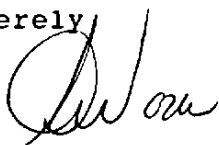
After calling I was told to write this letter as explanation  
of our apparent failure to file in a timely fashion.

As previous records will indicate we have always filed  
on time in the 13 years we have been a corporation. I find  
no record to indicate that a first notice was ever received.

A check is enclosed for the normal \$150.00 fee and hopefully  
you can use this check to reinstate our records. Our apologies  
for any inconvenience this has caused you but I can assure you  
had it been received in this office, it would have been filed  
on time.

Thank you for your attention to this and if you have further  
questions please do not hesitate to call.

Sincerely,



Edith D. Worker  
President

cc: File/Office  
encl. ✓ #12957