

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H41249 (4)

1. Corporation Name:

BAYSHORE PRECAST CONCRETE, INC.

Principal Place of Business

8200 BAYSHORE ROAD
N. FT. MYERS FL 33917

Mailing Address

8200 BAYSHORE ROAD
N. FT. MYERS FL 33917

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SPRIDGEON, TIMOTHY M.
315 E MADISON ST., #1000 SUN BNK BLDG.
TAMPA FL 33602

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 607.01(2) and (6), 607.01(5)(a), 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 obligation of, Sections 607.01(2), (6), Florida Statutes.

SIGNATURE

DATE

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12. OFFICERS AND DIRECTORS

☐ DELETE

1. NAME

2. STREET ADDRESS

3. CITY, ST, ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY, ST, ZIP

8. TITLE

9. NAME

10. STREET ADDRESS

11. CITY, ST, ZIP

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY, ST, ZIP

20. TITLE

21. NAME

22. STREET ADDRESS

23. CITY, ST, ZIP

24. TITLE

25. NAME

26. STREET ADDRESS

27. CITY, ST, ZIP

28. TITLE

29. NAME

30. STREET ADDRESS

31. CITY, ST, ZIP

32. TITLE

33. NAME

34. STREET ADDRESS

35. CITY, ST, ZIP

36. TITLE

13.

1. NAME

2. STREET ADDRESS

3. CITY, ST, ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY, ST, ZIP

8. TITLE

9. NAME

10. STREET ADDRESS

11. CITY, ST, ZIP

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY, ST, ZIP

20. TITLE

21. NAME

22. STREET ADDRESS

23. CITY, ST, ZIP

24. TITLE

25. NAME

26. STREET ADDRESS

27. CITY, ST, ZIP

28. TITLE

29. NAME

30. STREET ADDRESS

31. CITY, ST, ZIP

32. TITLE

33. NAME

34. STREET ADDRESS

35. CITY, ST, ZIP

36. TITLE

DEDEUGD, WILLEM
8200 BAYSHORE RD
N. FT. MYERS FL 33917

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR