

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 13 1997 8:00am  
Secretary of State

DOCUMENT # H70176 (3)  
1. Corporation Name  
COLUMBIA CONCRETE AND PUMPING SERVICE, INC.



Principal Place of Business Mailing Address  
128 S. HERNANDO ST.  
P.O. BOX 1328  
LAKE CITY FL 32056  
128 S. HERNANDO ST.  
P.O. BOX 1328  
LAKE CITY FL 32056-1328

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
08/07/1985 08/14/1996  
4. FEI Number Applied For  
59-2570425 Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing \$5.00 May Be Added to Fees  
7. 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  
ROSE, EDWIN A.  
1415 NORTH MARION  
LAKE CITY FL 32055  
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 607.0502 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title (if applicable). (NOT a registered agent signature required when reissuing) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  
1.1 TITLE 12 NAME  
1.2 NAME 13 STREET ADDRESS  
1.3 STREET ADDRESS 14 CITY-ST-ZIP  
1.4 CITY-ST-ZIP 2.1 TITLE  
2.2 NAME 2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 3.1 TITLE  
3.2 NAME 3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 4.1 TITLE  
4.2 NAME 4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 5.1 TITLE  
5.2 NAME 5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP 6.1 TITLE  
6.2 NAME 6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: Edwin A. Rose 4/29/97 0411-052-5161

CR2E034 (9/96)