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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H85176** **(6)**

1. Corporation Name

CONSOLIDATED PRESTRESSED CONCRETE, INC.

Principal Place of Business	Mailing Address
4115 SOUTH U.S. 1 P.O. BOX 6 EDGEWATER FL 32132	4115 SOUTH U.S. 1 P.O. BOX 6 EDGEWATER FL 32132

3. Date Incorporated or Qualified: **11/13/1985**

3a. Date of Last Report: **04/04/1995**

4. FEI Number: **59-2618027** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 4115 South U.S. 1	26 P. O. Box 6
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Edgewater, FL	28 Edgewater, FL
24 Zip 32132 25 Country	29 Zip 32141 30 Country

9. Name and Address of Current Registered Agent

SCHOENWETTER, F. JOHN
4115 SOUTH U.S. 1
EDGEWATER FL 32032

10. Name and Address of New Registered Agent

81 Name: F. Browne Gregg
82 Street Address (P.O. Box Number is Not Acceptable): 1616 S. 14th Street (Zip 34748)
83 P. O. Box 490300
84 City: Leesburg **FL** 85 Zip Code: 34749-0300

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: F. Browne Gregg DATE: 4-2-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for initial and any subsequent changes)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHOENWETTER, F. JOHN		1.2 NAME		
STREET ADDRESS	4115 SOUTH US 1		1.3 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL		1.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GREGG, F. BROWNE		2.2 NAME		
STREET ADDRESS	1616 SOUTH 14TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		2.4 CITY-ST-ZIP	Leesburg, FL 34749-0300	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: F. Browne Gregg 4/2/96 352-787-0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)