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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

May 05 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J14642

(9)

Mailing Address

GULF COAST CONCRETE OF HERNANDO, INC.

% C. WAYNE SPEAKMAN % C. WAYNE SPEAKMAN 3410 SHOAL LINE BOULEVARD 9410 SHOAL LINE BOULEVARD SPRING HILL FL 34607 **SPRING HILL FL 34607-3439** 3a. Date of Last Report 3. Date Incorporated or Qualified 05/19/1986 07/30/1996 2a. Mailing Address 2. Principa! Place of Business 4. FEI Number Applied For 59-2760689 26 Not Applicable Suite. Apt. #. etc. Suite Apt #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip Country This corporation has liability for intengible tax under s. 199.032, Yes No 30 Florida Statutes 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPEAKMAN, C. WAYNE 3410 SHOAL LINE BOULEVARD Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 33526 83 84 City 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 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE Change Addition 1.1 TITLE TITLE SPEAKMAN, C. WAYNE 1.2 NAME NAME 3280 INDIAN GULF LANE STREET ADDRESS 1.3 STREET ADDRESS SPRING HILL FL 1.4 CITY-ST-ZIP City - St - ZiP DELETE \_\_\_ Addition 2.1 TITLE Change TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change YITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CHY-ST-ZIP DELETE Change Addition 4.1 TITLE TOTALE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-7P 4.4 City-St-ZiP DELETE Change Addition 51 TITLE THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Channe Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 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 arinval 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 if 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.