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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # J63761

(7)

FLORIDA CONCRETE PIPE CORPORATION

FILED May 04 1998 8:00am Secretary of State

|--|--|--|--|

								IRI KRIBIN NGAN
Principal Place of Business Mailing Address								
25726 COUN		HWY. 561						
P.O. BOX 435			_			DO NOT WOLLD BY THE O	DACE	
ASTATULA FL 34705-7435 ASTATULA FL 34705-7435		,			DO NOT WRITE IN THIS S	PACE	 	
						 Date incorporated or Qualified 03/20/1987 		
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				59-2811065	N N	ot Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.					\$8.75	Additional
27					5. Certificate of Status Desired		lequired	
City & State City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the curr		
24	25	29	30					□ No
	9. Name and Address of Curre		11	1		10. Name and Address of New Registered A	\gent	
W	HYBREW, TERESA			81	Name		-	
	5726 COUNTY RD. 561							
	STATULA FL 34705			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	SINIODA I E 04705			83				
				84	City	FL	85 Zip	Code
11. Pursuan	nt to the provisions of Sections 607.05	502 and 607.1508, Florida Statut	es, the a	bove	e-named corp	oration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing	its registered
office of agent. I	registered agent, or both, in the Stall am familiar with, and accept the obli	te of Florida. Such change was a gations of, Section 607.0505, Flo	authorize orida Sta	d by tutes	the corporati s.	ion's board of directors. I hereby accept the appo	ointment a	s registered
SIGNATURE	Signature, typed or printed name of registered a							
12.		ND DIRECTORS		d Age	nt signature require	ed when reinstaling) DATE ADDITIONS/CHANCES TO OFFICERS AND	DIRECTO	DO IN 10
TITLE	OFFICERS A	DELETE DELETE	13. 1.1 Ti	T) C		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
NAME	SONNENTAG, CAROLYN						C. Culanifio	Addition
	ARRA EDODALATED DONE		1.2 N					
STREET ADDRESS	· 1				ADDRESS			
CITY-ST-ZIP	MOUNT DORA FL	The serve		ITY-S	T-ZIP			
TITLE	SVP	DELETE	2.1 TI				Change	Addition
NAME	WHYBREW, TERESA		2.2 N	AME				
STREET ADDRESS			2.3 S	TREET	ADDRESS			
CITY-ST-ZIP	ASTATULA FL		2.40	ITY-9	ST-ZIP	· · · · ·		
TITLE		☐ DELETE	3.1 TI	TLE			Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS	s 		3.3 S	TREET	ADDRESS			
CITY-ST-ZIP	1				ST-ZIP			
TITLE		DELETE	4171				Change	Addition
NAME		_	4.2 N					
STREET ADORESS	. [ADDRESS			
CITY-ST-ZIP				ITY-S				
TITLE	 	DELETE	5.1 TH		1-41	- · · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			5.2 N				Unange	C. Addition
	.1							ļ
STREET ADDRESS	·				ADDRESS			
CITY-ST-ZIP		Lorieze		TY-\$	T-ZIP			4.420
TITLE		☐ DELETE	6.1 T I				☐ Change	☐ Addition
NAME			6.2 N	AME]
STREET ADDRESS	;		6.3 S1	TREET	ADDRESS			
CITY - ST - ZIP	1		640	itv. s	T-71P			i

14. Thereby 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.

CIGNATURE

arely Someta

4-24-98 352-142-2232

R2E034 (10/97)