

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

FILED  
Mar 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J90977

(6)

1. Corporation Name  
TAYLOR PRECAST, INC.



Principal Place of Business  
U.S. HIGHWAY #17 SOUTH  
GREEN COVE SPRINGS FL 32043

Mailing Address  
P. O. BOX 368  
GREEN COVE SPRINGS FL 32043-0368  
US

2. Principal Place of Business

21 Sub. Acct. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified  
09/01/1987

3a. Date of Last Report  
07/05/1996

4. FEI Number

59-2866009

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

9. Name and Address of Current Registered Agent

BRANT, MOORE, SAPP, MACDONALD & WELLS  
121 W. FORSYTH STREET  
SUITE 900  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of principal place of business agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CERCY, JUNE W.	
STREET ADDRESS	4190 HWY 17, SOUTH GREEN COVE SPGS. FL	
CITY-STATE-ZIP		
TITLE	P	<input type="checkbox"/> DELETE
NAME	MILLER, GARY A.	
STREET ADDRESS	U.S. HIGHWAY #17 SOUTH GREEN COVE SPRGS FL	
CITY-STATE-ZIP		
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	BLECHA, JOAN B.	
STREET ADDRESS	U.S. HIGHWAY #17 S GREEN COVE SPRINGS FL	
CITY-STATE-ZIP		
TITLE	S	<input type="checkbox"/> DELETE
NAME	HADDOCK, MARILYN M.	
STREET ADDRESS	U.S. HIGHWAY #17 S GREEN COVE SPRINGS FL	
CITY-STATE-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SEAGO, TONY M.	
STREET ADDRESS	U.S. HIGHWAY #17 SOUTH GREEN COVE SPRINGS FL	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 presented 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. 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: *Joan B. Blecha* 3/13/97 (904) 284-32  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Month-Year

CR2E034 (9/96)