

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30
22 City & State	28	29 City & State	31
23 Zip	25 Country	28 Zip	30 Country

3. Date incorporated or Qualified 09/01/1987	
4. FEI Number 59-2866009	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	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 _____ (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	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CERCY, JUNE W.		1.2 NAME		
STREET ADDRESS	4190 HWY 17, SOUTH GREEN COVE SPGS. FL		1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, GARY A.		2.2 NAME		
STREET ADDRESS	U.S. HIGHWAY #17 SOUTH GREEN COVE SPRGS FL		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLECHA, JOAN B.		3.2 NAME		
STREET ADDRESS	U.S. HIGHWAY #17 S. GREEN COVE SPRINGS FL		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HADDOCK, MARILYN M.		4.2 NAME		
STREET ADDRESS	U.S. HIGHWAY #17 S. GREEN COVE SPRINGS FL		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEAGO, TONY M.		5.2 NAME		
STREET ADDRESS	U.S. HIGHWAY #17 SOUTH GREEN COVE SPRINGS FL		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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: *Joan B. Blechna* **JOAN B. BLECHNA** 1/16/98 (904) 284-3213

CR2E034 (10/97)