

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/5/95: \$225 (IF DISSOLVED, MEMBERSHIP AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 JUL 18 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K78851 (8)

1. Corporation Name

PRECAST DETAILING OF FLORIDA, INC.

Principal Place of Business

% D.L. IRELAND  
911 W. ALFRED ST.  
TAMPA FL 33603

Mailing Address

% D.L. IRELAND  
911 W. ALFRED ST.  
TAMPA FL 33603

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/28/1989

3a. Date of Last Report

08/01/1994

4. FEI Number

59-2039827

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

9. Name and Address of Current Registered Agent

IRELAND, D.L.  
911 W. ALFRED ST.  
TAMPA FL 33603

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, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

12.1

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
IRELAND, D.L.  
911 W. ALFRED ST.  
TAMPA FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1

TITLE

1.2

NAME

1.3

STREET ADDRESS

1.4

CITY - ST - ZIP

☐ Change ☐ Addition

2.1

TITLE

2.2

NAME

2.3

STREET ADDRESS

2.4

CITY - ST - ZIP

☐ Change ☐ Addition

3.1

TITLE

3.2

NAME

3.3

STREET ADDRESS

3.4

CITY - ST - ZIP

☐ Change ☐ Addition

4.1

TITLE

4.2

NAME

4.3

STREET ADDRESS

4.4

CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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:

*D.L. Ireland*  
D.L. IRELAND

7/12/95

228-4152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone