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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DE PARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K78851

(8)

PRECAST DETAILING OF FLORIDA, INC.

FILED
Mar 13 1997 8:00am
Secretary of State



Principal Paice of Business Mailing Address  Substitute (AMD)  Substitute (AMD)						18(1 B1841 8181	II OTOTI OTOXI	B1811 1881	
% D.L. IRELAND 911 W. ALFRED TAMPA FL 3360	ST.	911 W. ALFRED S	% D.L. IRELAND 911 W. ALFRED \$T. TAMPA FL 33603-5407						
						3. Date Incorporated or Qualified			
2. Panopai Pi	ack of Buriness	28. Mailing Addr	ress			4. FEI Number		A	pplied For
21		26				59-2939827			ot Applicable
Suite, Apt - 22		Suite, Apt #				5. Certificate of Status Desired		Fee R	Additional equired
City & State:		28	•			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Ζφ	Country	Z(p)	<b>├</b>	Country		8. This corporation has liability for in			s. 199.032.
24	[25]	29	30					No	
		of Current Registered Agent		RI	Name	10. Name and Address of New Reg	jistered Aç	gent	
	AND, D.L.				L				
911 W. ALFRED ST.					Street Add	Street Address (P.O. Box Number is Not Acceptable)			
IAM	PA FL 33603			83		·····			
				84	City			85 Z(p	Code
					J.,		FL		
SIGNATURE	Might as the tree protection of a OFF it	eg da dagera duri rapi kadat CERS AND DIRECTORS	(NOTE Regis	stered Age		ation's board of directors. I hereby acceptured when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND [	DIRECTO	RS IN 12
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If do there system 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 excluded on this annual report or supplier entral annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that Len an affect or a rue tor of the corporation or the tocoliver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brock 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR BANTED NAME OF SIGNING OFFICER OF DIRECTOR

3/9/97

8/3-273- 4/32 Daytime Phone #