

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -3 AM 10: 02

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # K83172 (2)

1. Corporation Name
R & M PRECAST COMPANY

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**1302 TAMiami LN
 INVERNESS FL 34450
 US**

Mailing Address:
**Box
 P O BOX 1313
 INVERNESS FL 34451
 US**

3. Date Incorporated or Qualified **04/25/1989** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **59-2943125** 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

2. Principal Place of Business
 21 **674 Whispering Pines Ct** 26 Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State **Inverness FL** 27 City & State
 23 **Inverness FL** 28 Zip **34453** 29 Country **USA** 30 Country

9. Name and Address of Current Registered Agent
**MEDEROS, REINALDO J.
 1302 TAMiami LN
 INVERNESS FL 34450**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
674 Whispering Pines Ct.
 83
 84 City **Inverness** FL 85 Zip Code **34453**

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]* DATE: _____
Signature, typed or printed name of registered agent and her/his applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MEDEROS, REINALDO J.
STREET ADDRESS	1302 TAMiami LN
CITY - ST - ZIP	INVERNESS FL
TITLE	ST
NAME	MEDEROS, MICHELE H.
STREET ADDRESS	1302 TAMiami LN
CITY - ST - ZIP	INVERNESS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	674 Whispering Pines Ct.
13 STREET ADDRESS	Inverness, FL 34453
14 CITY - ST - ZIP	Inverness, FL 34453
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	674 Whispering Pines Ct.
23 STREET ADDRESS	Inverness, FL 34453
24 CITY - ST - ZIP	Inverness, FL 34453
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **Michele H. Mederos** 7-31-95
Signature and typed or printed name of signing officer or director Date (Month/Year #)

CR2E034 (3-95)