

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 13 1997 8:00am  
Secretary of State

DOCUMENT # **439591** (1)

1. Corporation Name  
B&M Concrete Services, Inc.  
9221 53rd Way N  
Pinellas Park, FL 33782

Principal Place of Business  
9221 53rd Way N  
Pinellas Park, FL 33782

Mailing Address  
9221 53rd Way N  
Pinellas Park, FL 33782

|                                                                                                                                                               |  |                                                                                                                                                    |  |                                                                                                                                                             |  |                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|--|
| 2. Principal Place of Business<br>21 9221 53rd Way N<br>Suite, Apt. #, etc.<br>22 City & State<br>23 Pinellas Park, FL<br>Zip Country<br>24 33782 25 Pinellas |  | 2a. Mailing Address<br>26 9221 53rd Way N<br>Suite, Apt. #, etc.<br>27 City & State<br>28 Pinellas Park, FL<br>Zip Country<br>29 33782 30 Pinellas |  | 3. Date Incorporated or Qualified<br>1/1/90                                                                                                                 |  | 3a. Date of Last Report<br>1996 |  |
|                                                                                                                                                               |  |                                                                                                                                                    |  | 4. FEI Number<br>59-2989721                                                                                                                                 |  | Applied For<br>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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |  |

|                                                                                                                   |  |                                                                                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br>Mark S. Dreizler<br>9221 53rd Way N<br>Pinellas Park, FL 33782 |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br>FL |  |
|-------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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.P.T. <input type="checkbox"/> DELETE  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Mark S. Dreizler                        | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 9221 53rd Way N                         | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | Pinellas Park, FL 33782                 | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | V.P., S <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Peggy D. Dreizler                       | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 9221 53rd Way N                         | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | Pinellas Park, FL 33782                 | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE         | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                         | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                         | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                         | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE         | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                         | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                         | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                         | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE         | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                         | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                         | 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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 Peggy D. Dreizler / VP - PEGGY DREIZLER / 4/26/97 813-541-5333  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #