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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L47183** (3)

1. Corporation Name
FLORIDA CEMENTING, INC.

Principal Place of Business
**15465 PINE RIDGE ROAD
FT. MYERS FL 33908**

Mailing Address
**15465 PINE RIDGE ROAD
FT. MYERS FL 33908-2630**

3. Date Incorporated or Qualified 02/02/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3003196	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**YOUNGQUIST, TIMOTHY G
15465 PINE RIDGE RD
FT MYERS FL 33908**

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	P	1.1 TITLE	VP
NAME	YOUNGQUIST, TIM	1.2 NAME	YOUNGQUIST, TIM
STREET ADDRESS	15465 PINE RIDGE RD	1.3 STREET ADDRESS	15465 PINE RIDGE RD.
CITY - ST - ZIP	FT. MYERS FL	1.4 CITY - ST - ZIP	FT. MYERS, FL 33908
TITLE	ST	2.1 TITLE	
NAME	YOUNGQUIST, TIM	2.2 NAME	
STREET ADDRESS	15465 PINE RIDGE RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	YOUNGQUIST, TIM	3.2 NAME	
STREET ADDRESS	15000 PINE RIDGE RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	YOUNGQUIST, HARVEY	4.2 NAME	
STREET ADDRESS	15000 PINE RIDGE RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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: TIM YOUNGQUIST 4/30/97 941-489-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)