

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

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -7 AM 10: 34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000084760 (5)

1. Corporation Name

BYRON ALLEN CONCRETE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 300 SIXTH ST JUPITER FL 33477
Mailing Address: 300 SIXTH ST JUPITER FL 33477

3. Date Incorporated or Qualified: 11/21/1994
3a. Date of Last Report

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 65-0540719
Applied For: Not Applicable

State, Apt #, etc: 22
Suite, Apt #, etc: 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23
City & State: 28

6. Existing Certificate of Status: \$5.00 May Be Added to Fees

City: 24
City: 29

7. This corporation has liability for intangible tax under s. 199.012 Florida Statutes: Yes No

Zip: 33458
Zip: 33458

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, BYRON
300 SIXTH ST
JUPITER FL 33477

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL 33458

11. Pursuant to the provisions of Sections 607.0507 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 a resident of and accept the obligations of Section 607.1508, Florida Statutes.

SIGNATURE: _____ (Name of Registered Agent) _____ (Name of Corporation)

12. OFFICERS AND DIRECTORS

12. NAME	13. TITLE	Change	Addition
12.1 NAME: ALLEN, BYRON 12.2 STREET ADDRESS: 300 SIXTH ST 12.3 CITY, ST, ZIP: JUPITER FL 33477	13.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
12.4 NAME	13.2 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
12.5 NAME	13.3 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
12.6 NAME	13.4 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
12.7 NAME	13.5 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
12.8 NAME	13.6 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
12.9 NAME	13.7 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
12.10 NAME	13.8 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
12.11 NAME	13.9 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
12.12 NAME	13.10 TITLE	<input type="checkbox"/>	<input type="checkbox"/>

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 119.017(3)(b), Florida Statutes. I further certify that the information included 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 liquidator empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears at Block 12 of this filing as changed, or as an attached, only, address.

SIGNATURE: *Byron Allen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)