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

APPROVED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 1997 HAY 12 PH 3: 48 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE TALLAHASSEE, FLORIDA P95000009811 DOCUMENT # L. ANDA. WEST CONCRETE INC Principal Place of Business Mailing Address 7.0. BOX561111 ORIANDO FIA 1329 25ch OR/ANDO, F/A 32805 32856 3. Date Incorporated or Qualified 3a. Date of Last Report 2a. Mailing Address Applied For 21 26 Not Applicable Suite Aot # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HAROID L. WEST Street Address (P.O. Box Number is Not Acceptable) 1329 254 Sh Orlando, Shlu 83 84 Zip Code 11. Fursiant 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 of the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered agent if an familiar with and accept the obligations of section 607,9505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. NAME PRES. HAROID L. WEST 1.1 TITLE 1.2 NAME .... 1329, 25 in St. STREET KODE ST CR2E034 1.3 STREET LORESS OR/ANDO, F/A 32805 William H. West DELETE B29 25 F St. Orlando Afa 3280 14 CITY - ST - ZIP CHY St-7# NAME V.P. Addition 21 TITLE Change 2.2 NAME STEEL FAR COS 2.3 STREET ADDRESS 014 81 70 2.4 CITY-ST-ZIP Change Addition MAME 5/7 1329 25 Ch St. 3.2 NAME 3.3 STREET ADORESS 3 4. CITY - ST- ZIP Change Addition THEF 4 2 NAME NAME 4.3 STREET ADDRESS SHELL ACORESS 4.4 CITY - ST-ZIP DELETE Change Addition 1 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS 54 CITY-ST-ZIP DELETE Addition Change 5016 61 TITLE 63 STREET ADDRESS 6.4 CITY - ST-ZIP 14. If 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 efformation and cated 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 is an 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 Brock 12 or Block 13 tychanged, or on an attachment with an address. 429-97 409 841-7368 SIGNATURE: