

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000053817 (9)**

1. Corporation Name

**ABC CEMENT CORP.**



Principal Place of Business: **218 COMMERCIAL BLVD. STE 208K LAUDERDALE BY THE SEA FL 33308**  
Mailing Address: **218 COMMERCIAL BLVD. STE 208K LAUDERDALE BY THE SEA FL 33308**

3. Date Incorporated or Qualified: **07/10/1995**  
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0599091		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24		25					
29		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KIRKPATRICK, W D</b> <b>218 COMMERCIAL BLVD. STE 208K</b> <b>LAUDERDALE BY THE SEA FL 33308</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIRKPATRICK, W D</b>	1.2 NAME	
STREET ADDRESS	<b>218 COMMERCIAL BLVD. STE 208K</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERDALE BY THE SEA FL 33308</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>V/S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIRKPATRICK, C W</b>	2.2 NAME	
STREET ADDRESS	<b>218 COMMERCIAL BLVD. STE 208K</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERDALE BY THE SEA FL 33308</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>AS/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIRKPATRICK, T D</b>	3.2 NAME	
STREET ADDRESS	<b>218 COMMERCIAL BLVD. STE 208K</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERDALE BY THE SEA FL 33308</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>AS/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIRKPATRICK, B W</b>	4.2 NAME	
STREET ADDRESS	<b>218 COMMERCIAL BLVD. STE 208K</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERDALE BY THE SEA FL 33308</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIRKPATRICK, C W</b>	5.2 NAME	<b>KIRKPATRICK, W G</b>
STREET ADDRESS	<b>218 COMMERCIAL BLVD. STE 208K</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERDALE BY THE SEA FL 33308</b>	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 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: *Carol Kirkpatrick* DATE: *April 24, 1996* (954) 978-8990

CR2E034 (12/95)