

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000086130 (8)**

1. Corporation Name  
**SOUTH FLORIDA PRECAST, INC.**



Principal Place of Business  
**412 PARKWAY CT  
FT MYERS FL**

Mailing Address  
**412 PARKWAY CT  
FT MYERS FL**

2. Principal Place of Business  
21 **21**  
Suite, Apt. #, etc.  
22 **22**  
City & State  
23 **23**  
Zip  
24 **24**  
Country  
25 **25**  
2a. Mailing Address  
26 **26**  
Suite, Apt. #, etc.  
27 **27**  
City & State  
28 **28**  
Zip  
29 **33919**  
Country  
30 **USA**

3. Date incorporated or Qualified **11/08/1995**  
3a. Date of Last Report  
4. FEI Number **65-0633551**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MONTGOMERY, NEALE  
1833 HENDRY ST  
FT MYERS FL**

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  
**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

Signature, typed or printed name of registered agent and the filer (s) (s) (s)

Signature, typed or printed name of registered agent and the filer (s) (s) (s)

(s) (s) (s)

12. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
1. **PD**  
**GORRELL, JAMES E**  
**412 PARKWAY CT**  
**FT MYERS FL**  
☐ DELETE  
2. **VTD**  
**GORRELL, DAVID G**  
**4030 SKATES CIRCLE**  
**FT MYERS FL 33905**  
☐ DELETE  
3. **VSD**  
**VANCAVAGE, JOSEPH**  
**17881 RICH-BRAN LANE**  
**N FT MYERS FL 33917**  
☐ DELETE  
4. ☐ DELETE  
5. ☐ DELETE  
6. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☒ Addition  
**33919**  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition

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 Book 12 or Block 12 if changed, or on an attachment with an address.

SIGNATURE:

*James E. Gorrell*  
**JAMES E. GORRELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-10-96 (94) 433-4512**

CR2E034 (12/95)