

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000022218
1. Corporation Name

PRECAST INDUSTRIES, INC.

Principal Place of Business	Mailing Address
6324 COUNTY ROAD 579 TAMPA, FLORIDA 33687	6324 COUNTY ROAD 579 TAMPA, FLORIDA 33687

3. Date Incorporated or Qualified 3-8-96	3a. Date of Last Report NONE
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21 100 NORTH TAMPA STREET Suite, Apt. #, etc. 22 2150 City & State	26 100 NORTH TAMPA STREET Suite, Apt. #, etc. 27 2150 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 TAMPA, FLORIDA Zip Country	28 TAMPA, FLORIDA Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33602 25 US	29 33602 30 US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JOHN D. STANTON
6324 COUNTY ROAD 579
SEFFNER, FLORIDA 33687

10. Name and Address of New Registered Agent

81 Name JOHN D. STANTON
82 Street Address (P.O. Box Number is Not Acceptable) 100 NORTH TAMPA STREET, SUITE 2150
83
84 City TAMPA
85 Zip Code FL 33602

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 NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN D. STANTON 6324 COUNTY ROAD 579 TAMPA, FLORIDA 33687 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRES. TREASURER & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN D. STANTON 100 NORTH TAMPA STREET, SUITE 2150 TAMPA, FLORIDA 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RALPH W. HUGHES 6324 COUNTY ROAD 579 TAMPA, FLORIDA 33687 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SEFFNER, FLORIDA 33687
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> DELETE NEAL B. MARSTELLER 6324 COUNTY ROAD 579 TAMPA, FLORIDA 33687	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY EDITH STUPTRINE 6324 COUNTY ROAD 579 SEFFNER, FLORIDA 33687
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. STANTON

Date

(813) 621-4641

Daytime Phone #

CR2E034 (9/96)