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**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

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**

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired **\$6.75 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

2. Principal Place of Business 2a. Mailing Address

21 **100 NORTH TAMPA STREET** 26 **100 NORTH TAMPA STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **2150** 27 **2150**
City & State City & State

23 **TAMPA, FLORIDA** 28 **TAMPA, FLORIDA**
Zip Country Zip Country

24 **33602** 25 **US** 29 **33602** 30 **US**

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** FL 85 Zip Code **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

TITLE DELETE
NAME **DIRECTOR JOHN D. STANTON**
STREET ADDRESS **6324 COUNTY ROAD 579 TAMPA, FLORIDA 33687**

TITLE DELETE
NAME **DIRECTOR RALPH W. HUGHES**
STREET ADDRESS **6324 COUNTY ROAD 579 TAMPA, FLORIDA 33687**

TITLE DELETE
NAME **DIRECTOR NEAL B. MARSTELLER**
STREET ADDRESS **6324 COUNTY ROAD 579 TAMPA, FLORIDA 33687**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
PRES. TREASURER & DIRECTOR

1.2 NAME **JOHN D. STANTON**

1.3 STREET ADDRESS **100 NORTH TAMPA STREET, SUITE 2150**

1.4 CITY-ST-ZIP **TAMPA, FLORIDA 33602**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS **SEFFNER, FLORIDA 33687**

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
SECRETARY

3.2 NAME **EDITH STUPTRINE**

3.3 STREET ADDRESS **6324 COUNTY ROAD 579**

3.4 CITY-ST-ZIP **SEFFNER, FLORIDA 33687**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**700002157217
-04/29/97--01002--007
***165.00**

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:  **JOHN D. STANTON**

DATE: **4/25/97**

DAYTIME PHONE #: **(813) 621-4641**

CP2E034 (9/96)