

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

**FILED**  
**Jul 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthart</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000022218 (7)**  
 1. Corporation Name  
**PRECAST INDUSTRIES, INC.**



Principal Place of Business <b>1901 N. 13<sup>th</sup> Street</b> <b>Suite 100</b> <b>Tampa, FL 33605</b>	Mailing Address <b>1901 N. 13<sup>th</sup> Street</b> <b>Suite 100</b> <b>Tampa, FL 33605</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1901 N. 13TH STREET</b> Suite, Apt. #, etc. 22 <b>100</b> City & State 23 <b>TAMPA, FL</b> Zip 24 <b>33605</b>	2a. Mailing Address 25 <b>1901 N. 13TH STREET</b> Suite, Apt. #, etc. 26 <b>100</b> City & State 27 <b>TAMPA, FL</b> Zip 28 <b>33605</b>	3. Date Incorporated or Qualified <b>03/08/1996</b>	4. FEI Number <b>59-3439446</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>STANTON, JOHN D</b> <b>100 NORTH TAMPA STREET, SUITE 2150</b> <b>TAMPA FL 33602</b>		10. Name and Address of New Registered Agent 81 Name <b>CAREY, MICHAEL R.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>100 S. ASHLEY DRIVE, SUITE 1190</b> 83 84 City <b>TAMPA</b> FL 85 Zip Code <b>33602</b>		
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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 *Michael R. Carey* **MICHAEL R. CAREY** **2/12/98**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>STANTON, JOHN D</b>		1.2 NAME <b>STANTON, JOHN D.</b>	
STREET ADDRESS <b>100 NORTH TAMPA STREET</b>		1.3 STREET ADDRESS <b>1901 N. 13TH STREET, SUITE 100</b>	
CITY-ST-ZIP <b>TAMPA FL 33602</b>		1.4 CITY-ST-ZIP <b>TAMPA, FL 33605</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MARSTELLER, NEAL B</b>		2.2 NAME	
STREET ADDRESS <b>6324 COUNTY RD 579</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>SEFFNER FL 33687</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>STUPTRINE, EDITH</b>		3.2 NAME <b>SHUPTRINE, EDITH</b>	
STREET ADDRESS <b>6324 COUNTY ROAD 579</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>SEFFNER FL 33687</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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]* **2/12/98**

CR2E034 (10/97)