

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000063260 (9)

1. Corporation Name
WEST COAST MATERIALS, INC.



Principal Place of Business 37837 MERIDIAN AVENUE #314 DADE CITY FL 33525	Mailing Address 37837 MERIDIAN AVENUE #314 DADE CITY FL 33525
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5355 Grover Cleveland Blvd Suite, Apt. #, etc. 22 Homosassa Springs City & State 23 FL Zip 24 34446 Country 25 USA		2a. Mailing Address 26 PO Box 4885 Suite, Apt. #, etc. 27 City & State 28 Ocala FL Zip 29 34478 Country 30 USA		3. Date Incorporated or Qualified 07/29/1996 3a. Date of Last Report Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 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	
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9. Name and Address of Current Registered Agent

SGHRADER, JEROME G
37837 MERIDIAN AVENUE #314
DADE CITY FL 33525

10. Name and Address of New Registered Agent


81 Name R William Fitch	82 Street Address (P.O. Box Number is Not Acceptable) 500 NE 8TH AVE	83	84 City Ocala	85 FL	86 Zip Code 34470
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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:  DATE: 7/27/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME SGHRADER, JEROME G STREET ADDRESS 37837 MERIDIAN AVENUE #314 CITY-ST-ZIP DADE CITY FL 33525	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/IS/D 1.2 NAME KENNETH H. MEAD 1.3 STREET ADDRESS PO BOX 4885 500 NE 8TH AVE 1.4 CITY-ST-ZIP OCALA FL 34470	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP/AS/D NAME ROBERT T. ROTH STREET ADDRESS PO BOX 4885 500 NE 8TH AVE CITY-ST-ZIP OCALA FL 34470	<input type="checkbox"/> DELETE	2.1 TITLE VP/AS/D 2.2 NAME ROBERT T. ROTH 2.3 STREET ADDRESS PO BOX 4885 500 NE 8TH AVE 2.4 CITY-ST-ZIP OCALA FL 34470	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP/AS/D NAME R S FURCH JR STREET ADDRESS PO BOX 4885 500 NE 8TH AVE CITY-ST-ZIP OCALA FL 34470	<input type="checkbox"/> DELETE	3.1 TITLE VP/AS/D 3.2 NAME R S FURCH JR 3.3 STREET ADDRESS PO BOX 4885 500 NE 8TH AVE 3.4 CITY-ST-ZIP OCALA FL 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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, on an attachment with an address.

SIGNATURE:  DATE: 7/27/97 352-730-8080

CR2E034 (4/97)