


**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
Jul 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 # S12028 (4)
 1. Corporation Name
B.E. MULLINS CONCRETE CO.



Principal Place of Business 210 E. PALMETTO AVENUE LONGWOOD FL 32750	Mailing Address 210 E. PALMETTO AVENUE LONGWOOD FL 32750
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 11/13/1990	3a. Date of Last Report 02/26/1996
4. FEI Number 59-3046302	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MULLINS, JAMES J.
210 EAST PALMETTO AVE.
LONGWOOD FL 32750

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

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	P	<input type="checkbox"/> DELETE
NAME	MULLINS, BONNIE E	
STREET ADDRESS	210 E. PALMETTO AVE.	
CITY - ST - ZIP	LONGWOOD FL 32750	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	SHIPP, DENNIS	
STREET ADDRESS	210 E. PALMETTO AVE.	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EDWARDS, DOYEL	
STREET ADDRESS	210 E. PALMETTO AVE.	
CITY - ST - ZIP	LONGWOOD FL 32750	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MULLINS, EDITH L	
STREET ADDRESS	210 E. PALMETTO AVE.	
CITY - ST - ZIP	LONGWOOD FL 32750	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MULLINS, JAMES J	
STREET ADDRESS	210 E. PALMETTO AVE.	
CITY - ST - ZIP	LONGWOOD FL 32750	
TITLE	[]	<input type="checkbox"/> DELETE
NAME	[]	
STREET ADDRESS	[]	
CITY - ST - ZIP	[]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MULLINS, JAMES J	
1.3 STREET ADDRESS	210 E. PALMETTO AVE	
1.4 CITY - ST - ZIP	LONGWOOD, FL 32750	
2.1 TITLE	[]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	[]	
2.3 STREET ADDRESS	[]	
2.4 CITY - ST - ZIP	[]	
3.1 TITLE	[]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	[]	
3.3 STREET ADDRESS	[]	
3.4 CITY - ST - ZIP	[]	
4.1 TITLE	[]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	[]	
4.3 STREET ADDRESS	[]	
4.4 CITY - ST - ZIP	[]	
5.1 TITLE	[]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	[]	
5.3 STREET ADDRESS	[]	
5.4 CITY - ST - ZIP	[]	
6.1 TITLE	[]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	[]	
6.3 STREET ADDRESS	[]	
6.4 CITY - ST - ZIP	[]	

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: *Doyel R Edwards* **DOYEL R EDWARDS 7/19/97 (407)332-8887**

CR2E034 (4/97)