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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S74621

(1)

FLORIDA CONSTRUCTION MATERIALS, INC.

Principal Place of Business Mailing Address P.O. BOX 8122. N/A 12480 44TH ST. NORTH P.O. BOX B122 P.O. BOX 8122 **CLEARWATER FL 34622 CLEARWATER FL 34618-8122** HS US 3. Date Incorporated or Qualified 3a. Date of Last Report 08/19/1991 03/06/1996 2a. Mailing Address Applied For 2, Principal Place of Business 4. FEI Number 59-3081708 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DECARBO, ALFRED M. 2221 COLONIAL DRIVE Street Address (P.O. Box Number is Not Acceptable) 62 PALM HARBOR FL 34683 83 City Zip Code 84 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 Signature, typed or profed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. Addition TITLE DELETE 1.1 TITLE Change DECARBO, ALFRED M. NAME 1.2 NAME CR2E034 2221 COLONIAL DR. 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY~ST~ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIF 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE THEF 5.2 NAME NAME

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.

5.3 STREET ADDRESS

63 STREET ADDRESS

64 CITY - ST - ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

City - St - Zif TITLE

NAME

LERED M. DECARBO

DELETE

Change

Addition

FILED

Feb 06 1997 8:00am

Secretary of State