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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V36027

(3)

FLORIDA GUARDRAIL, INC.

FILED Mar 30 1998 8:00am Secretary of State



					_{				
Principal Plac		Mailing Address	<u>.</u>			1 14401 Griban 11110 Billi Malifi 1881 18	41511 61571		4.01. 1951
	PORT PLACE	7200 B WEST PORT PLACE							
WEST PALM BEACH FL 33413		S-100 W PALM BCH. FL 33411			DO NOT WRITE IN THIS SPACE				
		US			3. Date Incorporated or Qualified				
						05/07/1992			
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number			oplied For	
Suite, Apt.	# Alo	Suite, Apt. #, etc.			65-0332212			ot Applicable	
22	#, etc	27			5. Certificate of Status Desired			Additional equired	
City & Stat	e	City & State				6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution		Added		
Zip	Country Zip Cou			Country B. This corporation owes or has paid the current year Intangible					tangible
24	25	29 3	0			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current	Registered Agent		B1	Name	10. Name and Address of New Re	gistered #	\gent	
	YNES, DAVID A.		[`	"	Name				
1	2 PICCADILLY ST. 100	82 Street A			Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
	PALM BCH. FL 33407	63							
			-	84	City			85 Zip	Code
	,		- 1	1	•		FL	'	ŀ
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 profiled name of registrated agent and take if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
				13.		ADDITIONS/CHANGES TO OFFIC		DIRECTOR	
TITLE	D	☐ DELETE		1.1 TITLE 1.2 NAME		Nooning of minded 10 of the	32,10,7110	☐ Change	Addition
NAME	GOFF, LORRAINE J.		1.2 NAM						[]
STREET ADDRESS	7200-B WESTPORT PLACE		1.3 STREET ADDRESS		ADDRESS				li
CITY-ST-ZIP			1.4 CITY	r-st	r-ZIP		_]
TITLE	D	☐ DELETE	2.1 TITLE		" -			Change	Addition (
NAME	GOFF, HOWARD F.	2.3 \$		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					1
STREET ADDRESS	7200-B WESTPORT PLACE					7	• 🕻 .		1
CITY-ST-ZIP	WEST PALM BEACH FL								
TITLE		☐ DELETE			1			☐ Change	☐ Addition
NAME	}		3.2 NAM						
STREET ADDRESS			. 3.3 STREET AL						
CITY-SI-ZIP		DELETE	3.4. CITY - 1		T-ZIP			Change	Addition
NAME			4.1 IIILE 4.2 NAME		Ī			Citalities (""")	LJ AUGILION
STREET ADDRESS				_	ADDRESS				
CITY-ST-ZIP									
TITLE		DELETE	4.4 CITY - S 5.1 TITLE		- 611			Change	Addition
NAME		<u> </u>	5.2 NAM		}				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CITY						
TITLE			6.1 TITL					Change	Addition
NAME			6.2 NAM	AE					
STREET ADDRESS			6.3 STR	EET A	ADDRESS				
CITY-ST-ZIP				4 CITY-ST-ZIP					
14 I boroby	partiful that the information cumpled with	th this files done not qualify for	the even	nnti	ing stated in t	Continu 110 07/2Vi) Florida Statutos I	further on	ctifu that the	information

r nervey 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.