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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

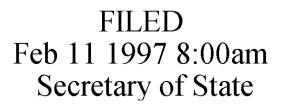
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V46208

(7)

ABC READY-MIX, INC.





Principal Place	of Business	Mailing Add	Mailing Address				T LOURI OLITER OLUHA SKIND TIDIK OSHOL TOLL OLUH OLUH OLUH OLUH SKUL OLUH SLOH TOLL			
4141 PINE FOREST RD CANTONMENT FL 32533			4141 PINE FOREST RD CANTONMENT FL 32533-6545							
							3. Date Incorporated or Qualified 06/26/1992	ı	ate of Last 1 08/1996	Report
 -,	ace of Business	2a. Mailing /	Address	*******	***************************************		4. FEI Number		h	pplied For
Suite, Apt	# etc	26 Suite Ar	ot. #, etc.				59-3184735			lot Applicable
22	w, G(t-	27	27				5. Certificate of Status Desired			Additional lequired
City & State	9	- ├ - ¬ ′ ′	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip		Cou	intry		8. This corporation has liability for		··············	
24	25	29	Į.	30	•			Yes [3. 150.002.,
L= -1	9. Name and Address of Curre			1	ĭ		10. Name and Address of New Re			
BFA	RD, JOYCE				81	Name				
	1 PINE FOREST RD				82	0	(D C D- M - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1-1		
	ITONMENT FL 32533					Street Addre	ess (P.O. Box Number is Not Acceptat	HE)		
					83				·. /****	
					84	City		FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607 1508	Florida Statute	s the e	bove-	-named corp	oration submits this statement for the p	Urnose o	f changing	its registered
office or re	egistered agent, or both, in the State m fam liar with, and accept the oblig	e of Florida.Such -	change was ar	uthorize	d by	the corporati	ion's board of directors. I hereby accep	ot the app	oointment a	s registered
SIGNATURE	Signature, typed or printed name of registered ag	erc and tille if applicable	(NOTE	Registere	d Agen	nt signature require	ed when reinstating)	DATE		·····
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	DIRECTO	RS IN 12
TITLE	D		DELETE	1.1 To	TLE				Change	Addition
NAME	BEARD, JOYCE			1.2 N	AME	-				
STREEL ADDRESS	4141 PINE FOREST RD			1.3 \$	TREET #	adoress				
City-St-ZIP	CANTONMENT FL	· · · · · · · · · · · · · · · · · · ·		1.4 0	ITY-ST	-ZIP				
TILE		L	DELETE	2.1 Ti	TLE				Change	Addition
NAMÉ				22 N	AME		•			
STREET ADDRESS				235	TREET	address				
CHTV - ST - ZIP			T Several		CITY-SI	T- 2IP	·		1	
THE		f	DELETE	3.1 7					Change	Addition
NAME	i			3.2 N		Į				
STREET ADDRESS						ADDRESS				
CITY ST ZIF			DELETE		CITY-SI	T-ZIP			Observe	
TITLE		L	DELETE	4.1 Ti		-			Change	Addition
NAME				4.21						
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP	1		DELETE		ITY-ST	-ZIP			Change	Addition
TITLE		L	OLLLIL	5.1 Ti					THI DIRECTOR	LII) MOURIUUR
NAME CONCEST ADDRESS				5.2 N		ALVODE CC				
STREET ADDRESS						ADORESS)				
CITY-ST-ZIP TITLE			DELETE	54 U	ITY-ST	-ZIP			Change	Addition
NAME				6.2 N		,			- Singingo	- AND AND A
STREET ADDRESS						ADDRESS				
i l										
CHY-ST-ZP				6.4 C	ITY - ST	·zir				

14. Told 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address. appears in Block

SIGNATURE: