

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

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT # **J90977**

(6)

1. Corporation Name

TAYLOR PRECAST, INC.

Principal Place of Business

**U.S. HIGHWAY #17 SOUTH
GREEN COVE SPRINGS FL 32043**

Mailing Address

**P. O. BOX 368
GREEN COVE SPRINGS FL 32043-0368
US**

3. Date Incorporated or Qualified

09/01/1987

3a. Date of Last Report

07/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2866009

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**BRANT, MOORE, SAPP, MACDONALD & WELLS
121 W. FORSYTH STREET
SUITE 900
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P. O. Box Number is Not Acceptable)

83

84 City

FL

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
officer 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 of the person authorized to register the agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

CERCY, JUNE W.

STREET ADDRESS

**4190 HWY 17, SOUTH
GREEN COVE SPGS. FL**

CITY-STATE-ZIP

P

☐ DELETE

NAME

MILLER, GARY A.

STREET ADDRESS

**U.S. HIGHWAY #17 SOUTH
GREEN COVE SPRGS FL**

CITY-STATE-ZIP

VPT

☐ DELETE

NAME

BLECHA, JOAN B.

STREET ADDRESS

**U.S. HIGHWAY #17 S
GREEN COVE SPRINGS FL**

CITY-STATE-ZIP

S

☐ DELETE

NAME

HADDOCK, MARILYN M.

STREET ADDRESS

**U.S. HIGHWAY #17 S
GREEN COVE SPRINGS FL**

CITY-STATE-ZIP

VP

☐ DELETE

NAME

SEAGO, TONY M.

STREET ADDRESS

**U.S. HIGHWAY #17 SOUTH
GREEN COVE SPRINGS FL**

CITY-STATE-ZIP

VP

☐ DELETE

NAME

VP

STREET ADDRESS

VP

CITY-STATE-ZIP

VP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐

Change

☐

Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

☐

Change

☐

Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

☐

Change

☐

Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

☐

Change

☐

Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

☐

Change

☐

Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

☐

Change

☐

Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 furnished 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.
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:

Joan B. Blecha **Joan B. Blecha**

3/13/97 (904) 284-32

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CR2E034 (9/96)