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FILED  
Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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  
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
09/01/1987

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

6. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CERCY, JUNE W.  
4190 HWY 17, SOUTH  
GREEN COVE SPGS. FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
MILLER, GARY A.  
U.S. HIGHWAY #17 SOUTH  
GREEN COVE SPRGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPT  
BLECHA, JOAN B.  
U.S. HIGHWAY #17 S  
GREEN COVE SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
HADDOCK, MARILYN M.  
U.S. HIGHWAY #17 S  
GREEN COVE SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
SEAGO, TONY M.  
U.S. HIGHWAY #17 SOUTH  
GREEN COVE SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

14. I 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 *Joan B. Blecha* JOAN B. BLECHA

1/16/98 (904) 284-3213

CR2E034 (10/97)