

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90079 013 ***150.00

DOCUMENT # J90977

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 ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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	D	<input checked="" type="checkbox"/> DELETE
NAME	CERCY, JUNE W.	
STREET ADDRESS	4190 HWY 17, SOUTH	
CITY-ST-ZIP	GREEN COVE SPGS. FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, GARY A.	
STREET ADDRESS	U.S. HIGHWAY #17 SOUTH	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	BLECHA, JOAN B.	
STREET ADDRESS	U.S. HIGHWAY #17 S	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HADDOCK, MARILYN M.	
STREET ADDRESS	U.S. HIGHWAY #17 S.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SEAGO, TONY M.	
STREET ADDRESS	U.S. HIGHWAY #17 SOUTH	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	2/3/99 Blecha, Joan B.
3.3 STREET ADDRESS	US Hwy 17 S.
3.4 CITY-ST-ZIP	Green Cove Springs FL.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)