2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J90977

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90019 046 ***150.00

1. Entity Name

TAYLOR PRECAST, INC.

Principal Place of Business	Mailing Address
U.S. HIGHWAY #17 SOUTH GREEN COVE SPRINGS FL 32043	P. O. BOX 368 GREEN COVE SPRINGS FL 32043-0368 US

U00126309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2866009 — Applied For / Not Applied For

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRANT, MOORE, SAPP, MACDONALD & WELLS 121 W. FORSYTH STREET SUITE 900 JACKSONVILLE FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BLECHA, JOAN B.	NAME	
STREET ADDRESS	US HWY 17 S.	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SEAGO, TONY M.	NAME	
STREET ADDRESS	U.S. HIGHWAY #17 SOUTH	STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tony M. Seago President — Jan 26, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #