

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**  
 03-28-2001 90197 037 \*\*\*150.00

0609224

**DOCUMENT # J90977**  
 1. Entity Name  
**HANSON PIPE & PRODUCTS PRECAST SOUTHEAST, INC.**

Principal Place of Business U.S. HIGHWAY #17 SOUTH GREEN COVE SPRINGS FL 32043	Mailing Address U.S. HIGHWAY #17 SOUTH GREEN COVE SPRINGS FL 32043
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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

4. FEI Number <b>59-2866009</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BLECHA, JOAN B. US HWY 17 S. GREEN COVE SPRINGS FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SEAGO, TONY M. U.S. HIGHWAY #17 SOUTH GREEN COVE SPRINGS FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Blecha, Joan B. us Hwy 17 S. Green Cove Springs Fl. 32043</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>See Attached List</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Joan Blecha* **3/16/01** **904-284-3213**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

*Attachment*  
*D# J90977*  
*AW38664*

**HANSON PIPE & PRODUCTS PRECAST SOUTHEAST, INC.**  
**(Formerly: TAYLOR PRECAST, INC.)**

A Florida company  
FEIN 59-2866009

(Acquired by Hanson Pipe & Products, Inc. in Stock Purchase Agreement dated May 9, 2000)

Name changed, effective June 26, 2000, to Hanson Pipe & Products Precast Southeast, Inc.  
INCORPORATED: FLORIDA (effective) September 1, 1987

SHAREHOLDER: Hanson Pipe & Products Southeast, Inc.  
 (Formerly named: Joelson Concrete Pipe Company, Inc.)

QUALIFIED TO DO BUSINESS IN THE FOLLOWING STATES:

GA- 10/4/95

<u>STOCK</u>	<u>PAR VALUE</u>	<u>SHARES AUTHORIZED</u>	<u>SHARES ISSUED &amp; OUTSTANDING</u>
Common	\$ .10	75,000	(checking)

ANNUAL MEETINGS:

Shareholder: 1st Friday in October  
 BOD: Immediately after Shareholder.

FISCAL YEAR

Saturday nearest end of December.

DIRECTORS (\*) & OFFICERS

* James K. Kitzmiller	Chairman of the Board	5/9/00
Joan B. Blecha ✓	President	5/9/00
Joe W. Aldridge	Vice President & Chief Financial Officer	5/9/00
Jill M. Blundon	Vice President & Assistant Secretary	5/9/00
Michael J. Donahue	Vice President & Treasurer	5/9/00
* Michael H. Hyer	Vice President & Secretary	5/9/00
Cecil C. Avery	Assistant Secretary	5/9/00
Sally M. Karanzas	Assistant Secretary	5/9/00
James L. Wallmann	Assistant Secretary	5/9/00

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