

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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS															
DOCUMENT # P95000009811 1. Corporation Name L. AND A. WEST CONCRETE INC																	
Principal Place of Business 1329 25th ST ORLANDO, FLA 32805		Mailing Address P.O. Box 56111 ORLANDO, FLA 32856															
DO NOT WRITE IN THIS SPACE																	
2. Principal Place of Business 21 1329 25th ST Suite, Apt #, etc. 22 City & State 23 ORLANDO FLA Zip 24 32805		2a. Mailing Address 26 P.O. Box 56111 Suite, Apt #, etc. 27 City & State 28 ORLANDO FLA Zip 29 32856															
3. Date Incorporated or Qualified 6-1-95		4. FEI Number 59-3299218															
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees															
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No															
9. Name and Address of Current Registered Agent HAROLD L. WEST P.O. Box 56111 1329 25th ST ORLANDO, FLA 32856 32805		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ DATE _____ (Signature typed or printed name of registered agent required when reinstating)																	
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> TITLE PRES. NAME HAROLD L. WEST STREET ADDRESS 1329 25th ST CITY-ST-ZIP ORLANDO, FLA 32805 </td> <td style="width: 50%;"> ☐ DELETE </td> </tr> <tr> <td> TITLE V. PRESIDENT NAME WILLIAM H. WEST STREET ADDRESS 1329 25th ST CITY-ST-ZIP ORLANDO FLA 32805 </td> <td> ☐ DELETE </td> </tr> <tr> <td> TITLE CAROL A. WEST NAME 1329 25th ST STREET ADDRESS ORLANDO FLA 32805 CITY-ST-ZIP ORLANDO FLA 32805 </td> <td> ☐ DELETE Sec. TREAS </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ DELETE </td> </tr> </table>		TITLE PRES. NAME HAROLD L. WEST STREET ADDRESS 1329 25th ST CITY-ST-ZIP ORLANDO, FLA 32805	☐ DELETE	TITLE V. PRESIDENT NAME WILLIAM H. WEST STREET ADDRESS 1329 25th ST CITY-ST-ZIP ORLANDO FLA 32805	☐ DELETE	TITLE CAROL A. WEST NAME 1329 25th ST STREET ADDRESS ORLANDO FLA 32805 CITY-ST-ZIP ORLANDO FLA 32805	☐ DELETE Sec. TREAS	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP </td> <td style="width: 50%;"> ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition </td> </tr> </table>		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
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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: CAROL A. WEST SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-17-98 Date 407 841-7368 Daytime Phone															

CR2E034 (10/97)