FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 27 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **144417** **(3)**

1. Corporation Name
STANDARD SAND & SILICA COMPANY

Principal Place of Business	Mailing Address
HWY. 17-92 DAVENPORT FL 33837	HWY. 17-92 DAVENPORT FL 33837

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/07/1945**
3a. Date of Last Report: **06/01/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-0538109** ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

8. Name and Address of Current Registered Agent

CARNES, GARY W.
1600 ISLAND WAY
WINTER HAVEN FL 33884

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PHELPS,NELL W	12 NAME	
STREET ADDRESS	NADELL HILLS	13 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	CARNES, L.B. III	22 NAME	
STREET ADDRESS	2957 PLANTATION RD.	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	CARNES,GARY	32 NAME	
STREET ADDRESS	1600 ISLAND WAY	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	D ☑ Change ☐ Addition
NAME	DANIELS, LAMAR	42 NAME	
STREET ADDRESS	2506 PARTRIDGE DR. S.E.	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	S/D ☑ Change ☐ Addition
NAME	CARNES, NELLY	52 NAME	LAWSON, NELLY
STREET ADDRESS	1050 MEDINAH DR	53 STREET ADDRESS	106 FAIRWAY DR
CITY-ST-ZIP	WINTER HAVEN, FL 00000	54 CITY-ST-ZIP	HAINES CITY, FLA 33844
TITLE	VD	61 TITLE	☑ Change ☐ Addition
NAME	LANGFORD, JAMES L	62 NAME	
STREET ADDRESS	403 BIRKSDALE CT	63 STREET ADDRESS	2593 PARTRIDGE DR. S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 00000	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] LAMAR DANIELS 4/20/95 813 424-1171
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0447007 FP