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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 267283

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FLORIDA BRICK AND CLAY COMPANY, INC.

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Principal Place			ailing Address						• • • • • • • • • • • • • • • • • • • •		
1700 TURKEY C TURKEY CREEK			'08 Turkey Creek RC Jrkey Creek Road	PAD							
PLANT CITY FL			ANT CITY FL 33567-19	13							
US			US .				3. Date Incorporated or Qualified 3a. Date 02/19/1963 04/29			of Last Report /1996	
2. Principal Pla	ace of Business	2a.	Mailing Address				4. FEI Number			Applied For	
<u> </u>		26					59-1007605			Vot Applicable	
Suite, Apt #	¥, etc.	ļ,	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
2		27	City P State							Required	
City & Stale	•	20	City & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	
Zip	Country	28	Zip	Coi	intry						
4	25	29	Z.ib	30	, y		8. This corporation has liability form Florida Statutes	Yes [iax urkier] No	8. 199.032,	
<u> 71 </u>	9. Name and Address of Curre		tered Agent	1001]		10. Name and Address of New Reg				
HERI	MIDA, REMY				81	Name			····		
	WEST REYNOLDS ST				82	Ctroot Add	iress (P.O. Box Number is Not Acceptable	~\			
	VT CITY FL 33566				02	Street Add	stess (F.O. Box Number is Not Acceptable	0			
					83			 ~~~		·····	
					84	City			ac 76	o Code	
					04	City		FL	85 Zi	o Code	
office or re-	o the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the obtains	te of Florid	da. Such change was	authorize	d by	the corpora	poration submits this statement for the putition's board of directors. I hereby accept	rpose of the appo	changing cintment a	its registered as registered	
		<i>a</i>	,			•				-	
-3-											
SIGNATURE _	Signature, typed or profed name of registered a	agent and tille	if applicable. (NO	TE: Registere	d Age	nt signature requ	ured when reinstating)	DATE			
SIGNATURE S	OFFICERS A		CTORS	13.		nt santanga In	ured when reinstating) ADDITIONS/CHANGES TO OFFICE				
SIGNATURE 5	OFFICERS A					nt signature requi			DIRECTO		
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Secretary of State