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Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **267283** **(0)**

1. Corporation Name
FLORIDA BRICK AND CLAY COMPANY, INC.

Principal Place of Business	Mailing Address
1708 TURKEY CREEK ROAD TURKEY CREEK ROAD PLANT CITY FL 33567 US	1708 TURKEY CREEK ROAD TURKEY CREEK ROAD PLANT CITY FL 33567-1913 US

3. Date Incorporated or Qualified: 02/19/1963
3a. Date of Last Report: 04/29/1996

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

4. FEI Number: 59-1007605 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HERMIDA, REMY
1707 WEST REYNOLDS ST
PLANT CITY FL 33566

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AZORIN, ANTONIO C. JR.		1.2 NAME	
STREET ADDRESS	6704 PEMBERTON OAKS COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DODSON, WILLIAM D.		2.2 NAME	
STREET ADDRESS	2110 JUNIPER DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HERMIDA, REMY		3.2 NAME	
STREET ADDRESS	1707 WEST REYNOLDS		3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	AZORIN, MARIA		4.2 NAME	
STREET ADDRESS	32 BAHAMA CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	AZORIN, MANUEL		5.2 NAME	
STREET ADDRESS	1211 W. REDBUD CIRCLE		5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: _____ REMY HERMIDA 1/8/97 813-754-1521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0348043