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

STREET ADDRESS

CITY-ST-ZiP

**FILED** Mar 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3) **HOOVER CRUSHED STONE** Principal Place of Business Mailing Address 1205 BRIDGESTONE PARKWAY 1205 BRIDGESTONE PARKWAY P. O. BOX 1700 P. O. BOX 1700 LAVERGNE TN 37086-8700 LAVERGNE TN 37088-8700 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/20/1969 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 62-0555681 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 Yes No. 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE ☐ Change Addition 1.1 TITLE HOOVER, T.S. NAME 1.2 NAME **BRIDGESTONE PARKWAY** STREET ADDRESS 1.3 STREET ADDRESS LA VERGNE TN CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change ☐ Addition BRIGHT, G.R. NAME 2.2 NAME **BRIDGESTONE PARKWAY** STREET ADDRESS 2.3 STREET ADDRESS LA VERGNE TN CITY-ST-ZIP 2. 4 CITY - ST - ZIP VD DELETE TITLE Change Addition 3.1 TITLE HOOVER, III EH NAME 3.2 NAME BRIDGESTONE PARKWAY STREET ADDRESS 3.3 STREET ADDRESS LA VERGNE TN CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

21200

6.4 CiTY-ST-ZIP 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 cerporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with an address.