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May 28 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 # 196239 (8)

1. Corporation Name  
FORT PIERCE SAND & MATERIALS, INC.

Principal Place of Business

2719 OLEANDER AVE.  
FT. PIERCE FL 34982-5872

Mailing Address

2719 OLEANDER AVE.  
FT. PIERCE FL 34982-5872



3. Date Incorporated or Qualified 09/24/1956	3a. Date of Last Report 04/24/1996
4. FEI Number 59-0799958	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

NELSON, CRAIG A  
2719 OLEANDER AVE  
FT. PIERCE FL 33482

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: *Craig A. Nelson* President *Craig A. Nelson* 5/24/1997  
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	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILD, CARL E	1.2 NAME	
STREET ADDRESS	EDWARDS RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILD, RAYMOND	2.2 NAME	
STREET ADDRESS	EDWARDS RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMEL, MARGARET	3.2 NAME	
STREET ADDRESS	EDWARDS RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE, FL 00000	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALLAND, ERNEST K.	4.2 NAME	
STREET ADDRESS	3200 N A1A HWY	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE, FL 00000	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, CRAIG A	5.2 NAME	
STREET ADDRESS	2719 OLEANDER AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE, FL 00000	5.4 CITY - ST - ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALLAND, PHYLLIS R	6.2 NAME	
STREET ADDRESS	3200 N A1A HWY	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE, FL 00000	6.4 CITY - ST - ZIP	

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: *Craig A. Nelson* President *Craig A. Nelson* 5/24/1997 (561) 461-4880  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)