

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 PM 4: 06

DOCUMENT # **231296** (5)
1. Corporation Name
ATLANTIC SAND AND STONE, INC.

Principal Place of Business Mailing Address
2719 OLEANDER AVENUE FT. PIERCE FL 34962-5872 **2719 OLEANDER AVENUE FT. PIERCE FL 34962-5872**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/21/1959** 3a. Date of Last Report **01/25/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0881691		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State		24		25	
Zip		Country		29		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	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 reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILD, RAYMOND	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	DALLAND, ERNEST K.	2.2 NAME	
STREET ADDRESS	3200 N A1A HWY	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	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, CRAIG A	4.2 NAME	
STREET ADDRESS	2719 OLEANDER AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILD, CARL E	5.2 NAME	
STREET ADDRESS	EDWARDS RD	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 Craig A. Nelson 3/4/95 (407)461-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR