

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 231296 (5)

1. Corporation Name
ATLANTIC SAND AND STONE, INC.



Principal Place of Business: 2719 OLEANDER AVENUE FT. PIERCE FL 34982-5872
Mailing Address: 2719 OLEANDER AVENUE FT. PIERCE FL 34982-5872

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		12/21/1959	03/09/1995
22		27		4. FEI Number	Applied For / Not Applicable
23		28		59-0881691	
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		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	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NELSON, CRAIG A. 2719 OLEANDER AVE. FT. PIERCE FL 33482				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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILD, RAYMOND	2. NAME	
STREET ADDRESS	EDWARDS RD	3. STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000	4. CITY-ST-ZIP	
TITLE	VD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALLAND, ERNEST K.	6. NAME	
STREET ADDRESS	3200 N A1A HWY	7. STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000	8. CITY-ST-ZIP	
TITLE	VD	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMEL, MARGARET	10. NAME	
STREET ADDRESS	EDWARDS RD	11. STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000	12. CITY-ST-ZIP	
TITLE	PD	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, CRAIG A	14. NAME	
STREET ADDRESS	2719 OLEANDER AVE	15. STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000	16. CITY-ST-ZIP	
TITLE	SD	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILD, CARL E	18. NAME	
STREET ADDRESS	EDWARDS RD	19. STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000	20. CITY-ST-ZIP	
TITLE	VD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALLAND, PHYLLIS R	22. NAME	
STREET ADDRESS	3200 N A1A HWY	23. STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000	24. 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)(k), 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** 4/18/1996 407-461-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NO.

CR2E034 (12/95)