

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

**FILED**  
**Jun 03 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 231296 (5)**

1. Corporation Name  
**ATLANTIC SAND AND STONE, INC.**



Principal Place of Business <b>2719 OLEANDER AVENUE                  FT. PIERCE FL 34982-5872</b>	Mailing Address <b>2719 OLEANDER AVENUE                  FT. PIERCE FL 34982-5872</b>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified <b>12/21/1959</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>59-0881691</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

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: *Craig A. Nelson* *Craig A. Nelson* *President* **5/27/1997**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILD, RAYMOND	
STREET ADDRESS	EDWARDS RD	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DALLAND, ERNEST K.	
STREET ADDRESS	3200 N A1A HWY	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KIMMEL, MARGARET	
STREET ADDRESS	EDWARDS RD	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NELSON, CRAIG A	
STREET ADDRESS	2719 OLEANDER AVE	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILD, CARL E	
STREET ADDRESS	EDWARDS RD	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DALLAND, PHYLLIS R	
STREET ADDRESS	3200 N A1A HWY	
CITY-ST-ZIP	FT PIERCE, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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* *Craig A. Nelson* *5/27/97 (561) 461-4880*

CR2E034 (9/96)