

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 2719 OLEANDER AVENUE FT. PIERCE FL 34982-5872	Mailing Address 2719 OLEANDER AVENUE FT. PIERCE FL 34982-5872
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/21/1959	
4. FEI Number 59-0881691		Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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		85 FL		86 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* 3/23/1998
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	VD	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIMMEL MARGARET		3.2 NAME	LEWIS, Margaret	
STREET ADDRESS	EDWARDS RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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* 3/31/1998 561 461-4880

CR2E034 (10/97)