

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90213 041 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **231296**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2719 OLEANDER AVENUE  
 FT. PIERCE FL 34982-5872**

Mailing Address  
**2719 OLEANDER AVENUE  
 FT. PIERCE FL 34982-5872**

3. Date Incorporated or Qualified  
**12/21/1959**

4. FEI Number  
**59-0881691**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

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 DATE 4/20/1999  
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

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           | LEWIS, 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 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, with all other like empowered.

SIGNATURE: Craig A. Nelson DATE 4/20/1999 (561)461-4880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)