

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.

Principal Place of Business

2719 OLEANDER AVENUE
FT. PIERCE FL 34982-5872

Mailing Address

2719 OLEANDER AVENUE
FT. PIERCE FL 34982-5872

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1959

4. FEI Number

59-0881691

Applied For

Not Applicable

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 Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 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 Craig A. Nelson President

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

4/20/1999

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE
NAME WILD, RAYMOND
STREET ADDRESS EDWARDS RD
CITY-ST-ZIP FT PIERCE, FL 00000

TITLE VD ☐ DELETE
NAME DALLAND, ERNEST K.
STREET ADDRESS 3200 N A1A HWY
CITY-ST-ZIP FT PIERCE, FL 00000

TITLE VD ☐ DELETE
NAME LEWIS, MARGARET
STREET ADDRESS EDWARDS RD
CITY-ST-ZIP FT PIERCE, FL 00000

TITLE PD ☐ DELETE
NAME NELSON, CRAIG A
STREET ADDRESS 2719 OLEANDER AVE
CITY-ST-ZIP FT PIERCE, FL 00000

TITLE SD ☐ DELETE
NAME WILD, CARL E
STREET ADDRESS EDWARDS RD
CITY-ST-ZIP FT PIERCE, FL 00000

TITLE VD ☐ 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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)