

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR -1 PM 2:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 240177 (6)

1. Corporation Name

MIAMI CRUSHED ROCK, INC.

Principal Place of Business

**BOX 650309
MIAMI FL 33265-7309**

Mailing Address

**BOX 650309
MIAMI FL 33265-7309**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/10/1960

3a. Date of Last Report

02/09/1994

4. FEI Number

59-0912150

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 P.O. BOX 650309

2a. Mailing Address

25 P.O. BOX 650309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL.

Zip

Country

24 33265-0309 25

Zip

Country

29 33265-0309 30

9. Name and Address of Current Registered Agent

**WEBSTER, BARBARA A.
3201 S W 122ND CT
MIAMI FL 33175**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
WEBSTER, BARBARA A.
3201 S.W.122 CT.
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
PARKER, DAVID D
9331 SW 60 CT
MIAMI, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
WILLIAMS, RALPH PETE
5335 SW 74TH ST
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 of this document, or on an attachment with an address.

SIGNATURE:

R.P. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.P. Williams, V.P.

2-23-95 305-593-2071