

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

FILED
May 15 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 # **283816** (7)
1. Corporation Name
BREVARD SAND & MARL CO.

Principal Place of Business 5101 W EAU GALLIE BLVD MELBOURNE FL 32936-1013	Mailing Address P.O. BOX 361013 MELBOURNE FL 32936-1013
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1964	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1147214	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CONNOR, ROBERT SR. 3665 PARKWAY DRIVE MELBOURNE FL 32934				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNOR, ROBERT A SR.			1.2 NAME			
STREET ADDRESS	3665 PARKWAY DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32934			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNOR, ANN S			2.2 NAME			
STREET ADDRESS	3665 PARKWAY DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32934			2.4 CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERRON, DONALD W.			3.2 NAME			
STREET ADDRESS	5101 W EAU GALLIE BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 00000 32934			3.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE	SECRETARY-TREAS/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLEN, ELIZABETH C			4.2 NAME			
STREET ADDRESS	3570 SERENITY LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Elizabeth C. Allen* ELIZABETH C. ALLEN

4/30/98

(407) 254-2779

CP2E034 (10/97)