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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 343553 (4)

FLORIDA ROCK AND SAND COMPANY, INC.

FILED Feb 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 140100 11111 01000 11101 01101	1111 01011 010	it Bibil Albit oldi	11 11111 1991	
15900 SW 408TH ST FLORIDA CITY FL 33034		15900 SW 408TH ST FLORIDA CITY FL 33034			DO NOT WRI	TE IN THIS	S SPACE		
					 Date Incorporated or Qualified 03/25/1969 	1			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For			oplied For	
21		26			59-1274059	59-1274059		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	×	\$8.75	Additional	
22		27			B. Certificate of Statos Desired	- VC.3	Fee Re	equired	
City & State	9	City & State			6. Election Campaign Financing	_		May Be	
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25 Name and Address of Curren	t Bagletered Agent	30		Personal Property Tax due Jui	10. Name and Address of New Registered Agent			
TO		r negistated Agent		1 Name	10, Haille and Address of New F	a Alexandr	, Agout		
TORCISE, STEVE									
	100 S.W.408TH ST. D.BOX 3004		[8	Street	Address (P.O. Box Number is Not Accept	able)		}	
	ORIDA CITY FL 33034		1	13					
FLX	DAIDA CITT FE 33034		[_	_}					
			[€	4 City		FI	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statut	les, the abo	ve-named	corporation submits this statement for the	purpose	of changing it	ts registered	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was ations of, Section 607,0505, Fi	authorized orida Statu	by the corp es.	poration's board of directors. I hereby acc	ept the ap	pointment as	registered	
SIGNATURE									
12.	Signature, typed or printed name of registered age OFFICERS AND		13.	igent signature	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE	ID DIDECTOR	20 IN 12	
TITLE	C	DELETE 11			ADDITIONS/CHANGES TO CIT	IOLINO AIN	Change	Addition	
NAME	TORCISE, STEVE SR.		1.2 NAM				•		
STREET ADDRESS	17900 SW 288TH STREET			ET ADDRESS					
CITY-SI-ZIP	HOMESTEAD FL		1,4 CITY					ţ	
TITLE	VC	A DELETE	2.1 TITL				Change	Addition	
NAME	TORCISE, SAM	-	2.2 NAM				_ ,	_	
STREET ADDRESS	17960 SW 288TH STREET			ET ADDRESS					
C(TY-ST-Z)P	HOMESTEAN PL		1	-ST-ZIP				}	
TITLE			3.1 TITL				Change	Addition	
NAME	TORCISE, STEVE JR.			E					
STREET ADDRESS	6800 SW 101ST STREET		•	ELADDRESS				ĺ	
CITY-ST-ZIP	MIAMI FL	Las 8.641 (PP)		'- \$T - Z IF					
TITLE	STD	DELETE	4.1 TITL				Change	Addition	
NAME	TORCISE, RICK		4. 2 NAN	1E					
STREET ADDRESS	18000 SW 288TH STREET		4.3 STRE	FT ADDRESS				ĺ	
CITY-ST-ZIP	HOMESTEAD FL		4.4 CITY						
TITLE		☐ DELETE	5.1 TITU		D		Change	X Addition	
NAME			5.2 NAM	E	ADELL TORCISE				
STREET ADDRESS			5.3 STRE	ET ADDRESS	17960 SW 288 Street				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	Homestead, FL			1	
TITLE		DELETE	61 TITLE				Change	Addition	
NAME			6.2 NAM	. 1				}	
STREET ADDRESS			6.3 STRE	ET ADDRESS					
OUTY OF 7th			e 4 CITY					i	

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 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 supplied with this tiling 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 of supplied with this 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 tyle 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 kin address.

SIGNATURE: