

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DEPARTMENT OF CORPORATIONS

DOCUMENT # 406052

(1)

1. Corporation Name

LAFARGE FLORIDA INC.



Principal Place of Business

Mailing Address

P.O. BOX 4600
RESTON VA 22090

P.O. BOX 4600
RESTON VA 22090

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/01/1972

3a. Date of Last Report

03/31/1995

4. FEI Number

59-1407640

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 if not applicable

(NOTE: Registered Agent Signature required when amending)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	POMPEYO, RIOS	
STREET ADDRESS	304 NATIONAL STREET	
CITY-ST-ZIP	PALMETTO FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ARIMANY, JUAN M.	
STREET ADDRESS	304 NATIONAL STREET	
CITY-ST-ZIP	PALMETTO FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	GARZA, FRANCISCO	
STREET ADDRESS	304 NATIONAL STREET	
CITY-ST-ZIP	PALMETTO FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MOSCHELLA, ENZO	
STREET ADDRESS	304 NATIONAL STREET	
CITY-ST-ZIP	PALMETTO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gage, Duncan	
1.3 STREET ADDRESS	11130 Sunrise Valley Drive	
1.4 CITY-ST-ZIP	Reston, Va. 22091	
2.1 TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gregory, George	
2.3 STREET ADDRESS	11130 Sunrise Valley Drive	
2.4 CITY-ST-ZIP	Reston, Va. 22091	
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sundquist, Eric	
3.3 STREET ADDRESS	11130 Sunrise Valley Drive	
3.4 CITY-ST-ZIP	Reston, Va. 22091	
4.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jones, David C.	
4.3 STREET ADDRESS	11130 Sunrise Valley Drive	
4.4 CITY-ST-ZIP	Reston, Va. 22091	
5.1 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Elliott, James E. III	
5.3 STREET ADDRESS	11130 Sunrise Valley Drive	
5.4 CITY-ST-ZIP	Reston, Va. 22091	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

James E. Elliott III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Elliott III
Asst. Secr. 4-17-96

703-264-3600

Date

Daytime Phone #

CR2E034 (12/95)

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REVISED 10/02/95
effective 09/27/95

LAFARGE FLORIDA INC.
(Florida)
f/k/a NATIONAL PORTLAND CEMENT COMPANY

DIRECTORS:

Duncan Gage
Eric Sundquist
George Gregory
Jerry Jensen

OFFICERS:

Chairman of the Board
Vice Chairman
President
Vice President & Secretary
Asst. Secretary & Treasurer
Asst. Secretary & Asst. Treasurer

Duncan Gage
George Gregory
Eric Sundquist
David C. Jones
Jerry Jensen
James E. Elliott, III

*All may be addressed:
11130 Sunrise Valley Drive
Reston, Va. 22091*