

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 406052 (1)

1. Corporation Name
LAFARGE FLORIDA INC.

Principal Place of Business

P.O. BOX 4600
RESTON VA 22090

Mailing Address

P.O. BOX 4600
RESTON VA 20185-1415



3. Date Incorporated or Qualified 08/01/1972	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1407640	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 20195-1415 25	29 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAGE, DUNCAN	12 NAME	
STREET ADDRESS	11130 SUNRISE VALLEY DRIVE	13 STREET ADDRESS	
CITY - ST - ZIP	RESTON VA 22091	14 CITY - ST - ZIP	20191-4393
TITLE	DVC <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, GEORGE	22 NAME	
STREET ADDRESS	11130 SUNRISE VALLEY DRIVE	23 STREET ADDRESS	
CITY - ST - ZIP	RESTON VA 22091	24 CITY - ST - ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, DAVID C	32 NAME	
STREET ADDRESS	11130 SUNRISE VALLEY DRIVE	33 STREET ADDRESS	
CITY - ST - ZIP	RESTON VA 22091	34 CITY - ST - ZIP	20191-4393
TITLE	TS <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, ELLIOTT E III	42 NAME	
STREET ADDRESS	11130 SUNRISE VALLEY DRIVE	43 STREET ADDRESS	
CITY - ST - ZIP	RESTON VA 22091	44 CITY - ST - ZIP	20191-4393
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	PD
STREET ADDRESS		53 STREET ADDRESS	SUNDQUIST, ERIC
CITY - ST - ZIP		54 CITY - ST - ZIP	11130 SUNRISE VALLEY DRIVE
TITLE	<input type="checkbox"/> DELETE	61 TITLE	RESTON, VA. 20191-4393
NAME		62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elliott III

4-22-97

703-264-3600

Date

Daytime Phone

CR2E034 (9/96)

REVISED 06/07/96
effective 05/17/96

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

DIRECTORS:

Duncan Gage
Eric Sundquist
Jerry Jensen

OFFICERS:

Chairman of the Board
President
Vice President & Secretary
Treasurer
Assistant Secretary
Assistant Secretary & Assistant Treasurer

Duncan Gage
Eric Sundquist
David C. Jones
Kevin C. Grant
Jerry Jensen
James E. Elliott III
