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

PROFIT CORPORATION ANNUAL REPORT

1999

LAFARGE FLORIDA INC.

1. Corporation Name

**DOCUMENT # 406052** 



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# **FILED** May 04, 1999 8:00 am Secretary of State

05-04-1999 90019 006 \*\*\*150.00



| Principal Place of Business Mailing Address |  |                                       |                     |                            |              |   | il <b>e</b> it etett etett etett | #1#11 #1#11 F##1 |
|---|--|---------------------------------------|---------------------|----------------------------|--------------|---|----------------------------------|------------------|
| P.O. BOX 4600<br>RESTON VA 20195-1415       |  | P.O. BOX 4600<br>RESTON VA 20195-1415 |                     | DO NOT WERTE IN            | TUIS SDACE   |   |                                  |                  |
| U\$   |  | U\$                                   |                     | DO NOT WRITE IN THIS SPACE |              |   |                                  |                  |
|   |  |                                       |                     |                            |              | 3. Date incorporated or Qualifed                              |                                  | [                |
| 2 5   | Control of Designation of Designatio | 20 Mariling Address                   |                     |                            |              | 08/01/1972<br>4. FEI Number                                   |                                  | noline Ear       |
| <del>-</del> '                              | lace of Business   | 2a. Mailing Address                   |                     |                            |              |   | <del></del>                      | ot Applicable    |
| Suite, Apt. #, etc.                         |  | 26 Suite Ant # etc                    | Suite, Apt. #, etc. |                            |              | 59-1407640  | <del></del>                      | Additional       |
| 22  |  | 27                                    | <b>¬</b> '''        |                            |              | 5. Certificate of Status Desired                              | ,                                | equired          |
| City & State                                |  | City & State                          | City & State        |                            |              | 6. Election Campaign Financing                                | \$5.00                           | May Be           |
| 23  |  | 28                                    |                     |                            |              | Trust Fund Contribution                                       | Added                            | to Fees          |
| Zip   | Country  | Zip 30                                | Coun                | try                        |              | This corporation owes the current year Personal Property Tax. | ar Intangible                    | □No              |
| 24  | 9. Name and Address of Current   | _ <del></del>                         | <u> </u>            |                            |              | 10. Name and Address of New Registe                           |                                  |                  |
|   |  |                                       |                     | B1 Name                    |              |   |                                  |                  |
| THE   | PRENTICE-HALL CORPORATION  | SYSTEM, INC.                          | Ļ                   |                            |              |   |                                  |                  |
| 1201 HAYS STREET                            |  |                                       | - 1                 | B2 Stree                   | t Addre      | ess (P.O. Box Number is Not Acceptable)                       |                                  | Ì                |
| SUITE 105                                   |  |                                       | h                   | 83                         |              |   |                                  |                  |
| TALLAHASSEE FL 32301                        |  |                                       | Ĺ                   |                            |              |   |                                  |                  |
|   |  |                                       | Į:                  | B4 City                    |              |   | FL 85 Zip                        | Code             |
| 11. Pursuant                                | to the provisions of Sections 607.0502   | and 607.1508, Florida Statutes.       | the abo             | l<br>ove-name              | d corpo      | pration submits this statement for the purpos                 | se of changing it                | s registered     |
| office or r                                 | egistered agent, or both, in the State of m familiar with, and accept the obligation   | of Florida. Such change was auth      | norized             | by the cor                 | poratio      | n's board of directors. I hereby accept the a                 | ippointment as r                 | egistered        |
| Ū   | m familiar with, and accept the obligati   | Olis OI, GBG0011 007.0505, 1 10110    | a Otalui            | .03.                       |              |   |                                  | (                |
| SIGNATURE                                   | Signature, typed or printed name of registered agent   | and title if applicable. (NOTE: Re    | egistered A         | gent signatur              | required     | when reinstating) DA1   | E                                | <del></del> [    |
| 12.   | OFFICERS AND   | <del></del>                           | 13.                 |                            |              | ADDITIONS/CHANGES TO OFFICER                                  | S AND DIRECT                     | ORS IN 12        |
| TITLE                                       | DC   | ☐ DELETE                              | 1.1 TITL            | E                          | Ţ            |   | Change                           | ☐ Addition       |
| NAME  | GAGE, DUNCAN   |                                       | 1.2 NAM             | KE                         | İ            |   |                                  | ľ                |
| STREET ADDRESS                              | 11130 SUNRISE VALLEY DRIVE   |                                       | 1.3 STR             | EET ADDRES                 | s            |   |                                  | ļ                |
| CITY-ST-ZIP                                 | RESTON VA 20191-439314   |                                       | 1.4 CITY            | /-ST-ZIP                   | ⊥_           |   |                                  |                  |
| TITLE                                       | DP   | ☐ DELETE 2.1 TI                       |                     | Æ                          |              |   | ☐ Change                         | ☐ Addition       |
| NAME  | SUNDQUIST, ERIC 22N  |                                       | 2.2 NAM             | AE.                        | İ            |   |                                  | ľ                |
| STREET ADDRESS                              | A A A A A IN IDIOS LIGHT SU DD   |                                       | 2.3 STR             | 2.3 STREET ADDRESS         |              |   |                                  |                  |
| CITY-ST-ZIP                                 | RESTON VA 20191-4393   |                                       | 2.4 CITY-ST-ZIP     |                            |              |   |                                  |                  |
| TITLE                                       | VS   | ☐ DELETE                              | 3.1 TITL            | E                          |              |   | Change                           | ☐ Addition       |
| NAME  | JONES, DAVID C   |                                       | 3.2 NAM             | 4E                         | 1            |   |                                  | -                |
| STREET ADDRESS                              | 11130 SUNRISE VALLEY DR  |                                       | 3.3 STR             | EET ADDRES                 | s l          |   |                                  |                  |
| CITY-ST-ZIP                                 | RESTON VA 20191-4393   |                                       | 3.4. CIT            | Y-ST-ZIP                   | <u> </u>     |   |                                  |                  |
| TITLE                                       | AST  | ☐ DELETE                              | 4.1 TITL            | Æ                          | 1            |   | ☐ Change                         | Addition         |
| NAME  | JAMES, ELLIOTT E III   |                                       | 4. 2 NA             | VIE.                       | ĺ            |   |                                  | ĺ                |
| STREET ADDRESS                              | 11130 SUNRISE VALLEY DR  |                                       | 4.3 STR             | EET ADORES                 | 5            |   |                                  | Ì                |
| CITY-ST-ZIP                                 | RESTON VA 20191-4393   |                                       |                     | /-ST-ZIP                   | <del> </del> |   |                                  |                  |
| TITLE                                       | T  | ☐ DELETE                              | 5.1 TITL            |                            |              |   | Change                           | ☐ Addition       |
| NAME  | GRANT, KEVIN C   |                                       | 5.2 NAM             |                            |              |   |                                  | ĺ                |
| STREET ADDRESS                              | 11130 SUNRISE VALLEY DR  |                                       |                     | EET ADDRES                 | ١            |   |                                  |                  |
| CITY-ST-ZIP                                 | RESTON VA 20191-4393   |                                       |                     | r-st-zip                   | 4—           |   |                                  |                  |
| TITLE                                       |  | ☐ DELETE                              | 6.1 TITL            |                            | 1            |   | ☐ Change                         | ☐ Addition       |
| NAME  |  |                                       | 6.2 NAA             |                            | .            |   |                                  | 1                |
| STREET ADDRESS                              |  |                                       |                     | EET ADDRES                 | ١            |   |                                  | )                |
| CITY-ST-ZIP                                 | <u> </u>   |                                       | 6.4 CIT             | /- ST-ZIP                  | 1            |   |                                  | -                |

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, with all other like empowered.

SIGNATURE:

703-264-3600 4-15-99

CR2E034 (11/98)

## REVISED 11/10/98 effective 09/15/98

406052

LAFARGE FLORIDA INC.

(Florida)

475693-90019-6

f/k/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

Allmay be addressed: 11130 Sunrise Valley Dr. Reston, Va. 20191-4393