SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **426971** **(8)**

1. Corporation Name

FLORIDA LIME & DOLOMITE CO., INC.

Principal Place of Business	Mailing Address
3325 SO PINE AVE PO BOX 2100 OCALA FL 34478-2100	3325 SO PINE AVE PO BOX 2100 OCALA FL 34478-2100

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

3. Date Incorporated or Qualified: **05/29/1973**
3a. Date of Last Report: **06/28/1995**
4. FEI Number: **59-1441528** ☐ 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

9. Name and Address of Current Registered Agent

NIEMANN, VIRGINIA D.
3325 S PINE AVE
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name: LISA KEENAN-TAYLOR
82 Street Address (P.O. Box Number is Not Acceptable): 3325 S. PINE AVENUE
83
84 City: OCALA FL 85 Zip Code: 34471

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: Lisa Keenan-Taylor DATE: 08/21/96
Signature required or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
TITLE	PTD	☐	1.1 TITLE		☐ ☐
NAME	MONTSDEOCA, FRED Y		1.2 NAME		
STREET ADDRESS	3325 S PINE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐	2.1 TITLE	S	☒ ☐
NAME	NIEMANN, VIRGINIA D		2.2 NAME	LISA KEENAN-TAYLOR	
STREET ADDRESS	3325 S PINE AVE		2.3 STREET ADDRESS	3325 S. PINE AVENUE	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	OCALA FL. 34470	
TITLE	VD	☐	3.1 TITLE		☐ ☐
NAME	MCCOUN, JOSEPH C		3.2 NAME		
STREET ADDRESS	3325 S. PINE AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP		
TITLE		☐	4.1 TITLE		☒ ☐
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐	5.1 TITLE		☐ ☐
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐	6.1 TITLE		☐ ☐
NAME			6.2 NAME	100001922671	
STREET ADDRESS			6.3 STREET ADDRESS	-08/15/96--01005--007	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***675.00	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lisa Keenan-Taylor LISA KEENAN-TAYLOR 8/6/96 (305) 732-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)