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
3325 SO PINE AVE
PO BOX 2100
OCALA FL 34478-2100

Mailing Address
3325 SO PINE AVE
PO BOX 2100
OCALA FL 34478-2100

3. Date Incorporated or Qualified: **05/29/1973**
3a. Date of Last Report: **06/28/1995**

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 — 24 Country — 25
Zip — 29 Country — 30

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, Typed or Printed Name of Registered Agent and Title of Applicant (NOTE: Registered Agent's signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	MONTSDEOCA, FRED Y	
STREET ADDRESS	3325 S PINE AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	☑ DELETE
NAME	NIEMANN, VIRGINIA D	
STREET ADDRESS	3325 S PINE AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	☐ DELETE
NAME	MCCOUN, JOSEPH C	
STREET ADDRESS	3325 S. PINE AVE.	
CITY-ST-ZIP	OCALA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S	☒ Change ☐ Addition
2.2 NAME	LISA KEENAN-TAYLOR	
2.3 STREET ADDRESS	3325 S. PINE AVENUE	
2.4 CITY-ST-ZIP	OCALA FL. 34470	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	100001922671	
6.3 STREET ADDRESS	-08/15/96--01005--007	
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)(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: Lisa Keenan-Taylor LISA KEENAN-TAYLOR 8/6/96 — Date — Daytime Phone # 352-732-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)