

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
08/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

KEENAN-TAYLOR, LISA
3325 S PINE AVE
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name

DARLENE D. BAILEY

82 Street Address (P.O. Box Number is Not Acceptable)

3325 SOUTH 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

Darlene D. Bailey

DARLENE D. BAILEY

04/25/97

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME MONTSDEOCA, FRED Y
STREET ADDRESS 3325 S PINE AVE
CITY-ST-ZIP Ocala FL

TITLE S
NAME KENNAN-TAYLOR, LISA
STREET ADDRESS 3325 SO PINE AVE
CITY-ST-ZIP Ocala FL 34478-2100

TITLE VD
NAME MCCOUN, JOSEPH C
STREET ADDRESS 3325 S. PINE AVE.
CITY-ST-ZIP Ocala FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE S
2.2 NAME BAILEY, DARLENE D.
2.3 STREET ADDRESS 3325 SOUTH PINE AVENUE
2.4 CITY-ST-ZIP Ocala, FL. 34471

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 *Darlene D. Bailey*

DARLENE D. BAILEY

04/25/97

3325

CR2E034 (9/96)