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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 441295

SANTA ROSA ASPHALT & MATERIALS, INC.

Principal Place of Business Mailing Address						- 1				
6247 DELISA ROAD P.O. BOX 36040										
MILTON FL 325		PENSACOLA FL 32516								
US	•	US					DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 12/05/1973			
2. Principal Pl	2a. Mailing Address	lailing Address				4. FEI Number	App	lied For		
21	2 55 5. 2 35555		26				59-1533213	Not	Applicable	
Suite, Apt.	# etc		Suite, Apt. #, etc.				_ \$8	3.75 Ac	ditional	
22	., 5.5	27	_				5. Certifcate of Status Desired	Fee Req	uired	
City & State	 	City & State	, t				6. Election Campaign Financing 5	5.00 N	/lav Be	
23		28	28					dded to		
Zip	Country		Zip Country				8. This corporation owes the current year Intangible			
24	25	29	30				Personal Property Tax.			
	9. Name and Address of Currer		14-1	Γ.			10. Name and Address of New Registered Agen	t		
				81	Name					
MILLS, (GERALD D.)										
7320 HAYWARD STREET				82 Street Address (P.O. Box Number is Not Acceptable)				1		
PENS	SACOLA FL									
				83						
				84	City		FL 85	Zip Co	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t				bove	-named	corpoi	ration submits this statement for the ourpose of chan-	ging its r	egistered	
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.									istered	
agent, I a	m familiar with, and accept the obliga	ilions of, Section 607.0505, Fr	onua Stat	utes.	•					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOT	E: Registerer	t Agen	t signature	required	when reinstating) DATE			
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AND DI	RECTOF	RS IN 12	
TITLE	PD	DELETE 1.1 TO						hange	Addition	
NAME	MILLS, (GERALD D.)		1.2 NA							
	7320 HAYWARD ST.	•		1.3 STREET ADDRESS						
STREET ADDRESS	ENCACOLA EL		1.4 CITY-ST-ZIP							
CITY-ST-ZIP	DELETE 2.1T			1-21-	+	П	hange	Addition		
TITLE	MILLS, PATRICIA A	— · · · · · · · · · · · · · · · · · · ·				1			_	
NAME	i i i i i i i i i i i i i i i i i i i			2.2 NAME					1	
STREET ADDRESS				2.3 STREET ADORESS						
CITY-ST-ZIP	PENSACOLA FL				4 CITY-ST-ZIP			hange	Addition	
TITLE			_, 3.1 π	TLE _	- •	· ·		HAIRJU	□ voquion	
NAME	BENNICK, MARY L 32N									
STREET ADDRESS	1106 REVERE DR		3.3 S	TREET	ADDRESS				İ	
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE				Li	Change	☐ Addition	
NAME			4, 2 NAME							
STREET ADDRESS			4.3 STREE		ADDRESS					
CITY-ST-ZIP			4.4 CITY-		T-ZiP					
TITLE		☐ DELETE	5.1 T	MLE				Change	☐ Addition	
NAME			5.2 NAM		IAME				1	
STREET ADDRESS			5.3 S	TREET	ADDRES\$				Ì	
CITY-ST-ZIP	•		5.4 C	ITY-S1	T-ZIP					
TITLE		☐ DELETE	6.1 TI	TLE				Change	☐ Addition	
NAME			6.2 N	AME		-				
STREET ADDRESS			6.3 S	6.3 STREET ADDRESS						
						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:

Mary D. Bennick, Vice President 4/1/99 850-456-8611