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 # **445822** **(0)**

1. Corporation Name

GREEN VALLEY LIME & DOLOMITE COMPANY

Principal Place of Business	Mailing Address
3325 SOUTH PINE AVENUE P.O. BOX 2100 OCALA FL 34478-2100 US	3325 SOUTH PINE AVENUE P.O. BOX 2100 OCALA FL 34478-2100 US

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

3. Date Incorporated or Qualified: 02/05/1974
3a. Date of Last Report: 07/26/1995
4. FEI Number: 59-1544750 — 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: 34475

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: 8/21/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	☒ DELETE
NAME	NIEMANN, VIRGINIA D	
STREET ADDRESS	9485 SE SUNSET HARBOR RD	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	P	☐ DELETE
NAME	MONTSDEOCA, FRED Y	
STREET ADDRESS	1025 SE 10TH ST	
CITY-ST-ZIP	OCALA, FL 00000	
TITLE	V	☐ DELETE
NAME	MCCOUN, JOSEPH C	
STREET ADDRESS	1512 SE 17TH AVE	
CITY-ST-ZIP	OCALA, FL 00000	
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	S	☒ Change ☐ Addition
1.2 NAME	LISA KEENAN-TAYLOR	
1.3 STREET ADDRESS	3325 S. PINE AVE.	
1.4 CITY-ST-ZIP	OCALA FLORIDA 34475	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

100001931471
-08/26/96--01010--014
***450.00

CR2E034 (3/96)

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

SIGNATURE: Joseph C. McCoun — Joseph C. McCoun V. Pres — DATE: 8/5/96 — Telephone Number: 352-732-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR