

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 18 1997 8:00am  
Secretary of State

DOCUMENT # 445822 (0)

1. Corporation Name  
GREEN VALLEY LIME & DOLOMITE COMPANY

Principal Place of Business

3325 SOUTH PINE AVENUE  
P.O. BOX 2100  
OCALA FL 34478-2100  
US

Mailing Address

3325 SOUTH PINE AVENUE  
P.O. BOX 2100  
OCALA FL 34478-2100  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

02/05/1974

3a. Date of Last Report

08/23/1996

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

KENNAN-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

APRIL 15, 1997

Signature, typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S  
NAME KEENAN-TAYLOR, LISA  
STREET ADDRESS 3325 SOUTH PINE AVENUE  
CITY-ST-ZIP Ocala FL 34478-2100 ☒ DELETE

TITLE P  
NAME MONTSDEOCA, FRED Y  
STREET ADDRESS 1025 SE 10TH ST  
CITY-ST-ZIP Ocala, FL 00000 ☐ DELETE

TITLE V  
NAME MCCOUN, JOSEPH C  
STREET ADDRESS 1512 SE 17TH AVE  
CITY-ST-ZIP Ocala, FL 00000 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S  
1.2 NAME BAILEY, DARLENE D.  
1.3 STREET ADDRESS 3325 SOUTH PINE AVENUE  
1.4 CITY-ST-ZIP Ocala, FL. 34471 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

DARLENE D. BAILEY 04/15/97 352 332 2100

CR2E034 (9/96)