

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 487116 (6)

1. Corporation Name

FLORIDA-GEORGIA MATERIALS, INC.



Principal Place of Business

1734 HELVENSTON STREET
P.O. BOX 327
LIVE OAK FL 32060-7327

Mailing Address

1734 HELVENSTON STREET
P.O. BOX 327
LIVE OAK FL 32060-7327

3. Date Incorporated or Qualified
10/03/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1620691

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

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAVER, JOHN M.
1734 HELVENSTON STREET
P.O. BOX 338
LIVE OAK FL 32060

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

(Signature of Registered Agent or Director)

(Print Name of Registered Agent or Director)

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP 2. TITLE NAME STREET ADDRESS CITY, ST, ZIP 3. TITLE NAME STREET ADDRESS CITY, ST, ZIP 4. TITLE NAME STREET ADDRESS CITY, ST, ZIP 5. TITLE NAME STREET ADDRESS CITY, ST, ZIP 6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	1. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP 5. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP 6. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP 7. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP 8. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP 9. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP 10. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP

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)(g), 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:

Wayne M. Beaver

WAYNE M. BEAVER

2-7-96

(904)362-5353