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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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	Mailing Address
1734 HELVENSTON STREET **P.O. BOX 327** **LIVE OAK FL 32060-7327**	**1734 HELVENSTON STREET** **P.O. BOX 327** **LIVE OAK FL 32060-0327**

3. Date Incorporated or Qualified: **10/03/1975**
3a. Date of Last Report: **02/27/1996**

2. Principal Place of Business
21: 140 Palm St N.E.
Suite, Apt. #, etc.
22:
City & State
23: Live Oak, Fl
Zip 24: 32060 Country 25: Suwannee

2a. Mailing Address
26: P.O. Box 417
Suite, Apt. #, etc
27:
City & State
28: Live Oak, Fl
Zip 29: 32064 Country 30: Suwannee

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.1508, 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 _____ DATE
Signature, typed or printed name of new registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BEAVER, WAYNE		1.2 NAME	
STREET ADDRESS	1734 HELVENSTON STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK, FL 00000 32060		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BEAVER, JOHN M		2.2 NAME	
STREET ADDRESS	1734 HELVENSTON STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK, FL 00000		2.4 CITY-ST-ZIP	
TITLE	PDS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BEAVER, ALICE M		3.2 NAME	
STREET ADDRESS	1734 HELVENSTON STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK, FL 00000		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Wayne Beaver WAYNE BEAVER