CORPO ANNUAL	OFIT DRATION L REPORT	FLORIDA DEPART Sandra B Secretary DIVISION OF CO	MENT OF STATE Mortham of State		
OCUME	ENT # 65039	6 (5)			
Corporation Na	ig sand & soil, inc.				ARUM ALIC BARIS BIRIS BIRIS BIRIS GARN BIRIS (BR.
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rincipal Place of I	Business	Mailing Address		1 1001th Eithe Beite Beite Beites	ITIIS BUIL BISK BIRK BIBK SISK SISK SISK SISK
3795 CODDING		3795 CODDING PLACE MOUNT DORA FL 3275			
MOUNT DORA FL 32757-2006		MOUNT DONN'TE SERV	MODEL DOIN 12 SELO. 2000		3a. Date of Last Report
		T		01/08/1980 4. FEI Number	09/22/1995 Applied For
Principal Place	of Business	2a. Mailing Address		59-1968912	Not Applicable
Suite, Apt. #, €	etc.	Scite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country	8. This corporation has liability for	or intangible tax under s. 199.032,
,	25 9. Name and Address of Curren	29	30]	Florida Statutes Y	es No v Registered Agent
			81 Name	Address (P.O. Box Number is Not Accep	
3795 CO MOUNT	DDDING PLACE DORA FL 32757		83 84 City		85 Zip Code
		a court so Clardo Statuto		orporation submits this statement for the board of directors. I heraby accept the a	purpose of changing its registered offi
 Pursuant to or registered familiar with, 	the provisions of Sections 607.0502 Lagent, or both, in the State of Flori , and accept the obligations of, Sec	g and 607.1508, Florida Statute ida. Sech change was authorize tion 607.0505, Florida Statutes	ed by the corporation's	riporation submits this statement for the board of directors. I heraby accept the a	ippointment as registered agent. I am
	gnahad. Iga dicijas birina alietos pitos bare		E Food de cod Agonte door her	e pured when recall this	DATE
2.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 12 Change Addition
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AMÉ	CODDING, DONALD L.		2.2 NAME 2.3 STREET ADDRESS		-
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TITLE		<u> </u>	6.2 NAME		
NAME					

14. Uso hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and decurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate an

6.4 C/TY - ST - Z/P

STREET ADDRESS