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

Mailing Address

P.O. BOX 395

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 692802 1. Corporation Name

Principal Place of Business

P.O. BOX 395

PACE SAND AND GRAVEL COMPANY, INC.

CENTURY FL 32535		CENTURY FL 32535			DO NOT WRIT	E IN THIS SPA	ACE	
					3. Date Incorporated or Qualifed 06/30/1981			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number 59-2101090		
21		26	26				Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75 A	dditional
22		27			3. Certificate of Status Desired		Fee Rec	juired
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00 h	/ay Be
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	7	8. This corporation owes the curre	ent year Intangi	ble	
24	25	29	30		Personal Property Tax.		Yes [□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered Age	nt	
		•	81	Name				
	VORE, LORINE		82	Stroot Add	ress (P.O. Box Number is Not Accepta	hla)		
1641	Í MOLINO ROAD	•	02	Street Addi	ress (F.O. Box Number is Not Accepta	bie)		
MOL	JNO FL 32577		83	 	1 17 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	it . 18 . 15	1.01
~				ļ		11/14/2014	4 46	11 (2011) (6)
			84	City		FI 8	5 Zip C	ode'
11. Pursuant	to the provisions of Sections 607.05	502 and 607,1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for the pon's board of directors. I hereby accep	ourpose of char t the appointment	nging its reg	egistered istered
agent. I a	am familiar with, and accept the obliq	gations of, Section 607.0505, Flor	ida Statutes	3.	, ,	.,	_	
SIGNATURE	Signature, typed or printed name of registered a	pent and title if applicable. (NOTE:	Registered Age	nt signature require	ed when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTO	RS IN 12
TITLE	D	☐ DELETE	1,1 TITLE		187		Change	Addition
NAME	GODWIN, MICHAEL D		1.2 NAME		**			
	0470 DOLLOLAD AVE			T ADDRESS				
STREET ADDRESS	BREWTON AL							
CITY-ST-ZIP	D	☐ DELETE	1.4 CITY-S 2.1 TITLE	31+ZIP			Change	Addition
TITLE	RAINES, MARILYN J		4	}		_	, 3-	
NAME	1							
	L 696 CEODOIA LANE		2.2 NAME	7.1000-00				
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP	BREWTON AL	□ Dr. CTF	2.3 STREE 2. 4 CITY-	Į.			Channa	Addition
	BREWTON AL DP	☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE	Į.			Change	☐ Addition
CITY-ST-ZIP	BREWTON AL DP JOHSNON, BETTY L	☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP			Change	Addition
CITY-ST-ZIP	BREWTON AL DP JOHSNON, BETTY L 674 GEORGIA LANE	☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	Į.			Change	☐ Addition
CITY-ST-ZIP TITLE NAME	BREWTON AL DP JOHSNON, BETTY L		2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	ST-ZIP				10. 你就是 20. 你就是 20. 我就是
CITY-ST-ZIP TITLE NAME STREET ADDRESS	BREWTON AL DP JOHSNON, BETTY L 674 GEORGIA LANE	☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP				☐ Addition
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rioraced of this annual report of supplemental annual report is the and accorded and that my signature shall have the same regardled as it made under oath, that it am a 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, with all other like empowered.

FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90033 046 ***150.00