

**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 # **848773** (8)  
1. Corporation Name  
**CHEROKEE CRUSHED STONE, INC.**



Principal Place of Business Mailing Address  
**436 7TH AVE STE 1050 PITTSBURGH PA 15219 US**  
**436 SEVENTH AVENUE SUITE 1050 PITTSBURGH PA 15219 US**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

3. Date Incorporated or Qualified **04/09/1981** 3a. Date of Last Report **04/21/1995**  
4. FEI Number **25-1394688** 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  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**  
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 type or print name of the registered agent and the corporation. (If the registered agent is a corporation, the name of the corporation shall be typed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEMPSTEAD, GEORGE H</b>	12 NAME	
STREET ADDRESS	<b>436 7TH AVE</b>	13 STREET ADDRESS	
CITY- ST- ZIP	<b>PITTSBURGH PA</b>	14 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLUNDON, JILL M</b>	22 NAME	
STREET ADDRESS	<b>436 7TH AVE</b>	23 STREET ADDRESS	
CITY- ST- ZIP	<b>PITTSBURGH PA</b>	24 CITY- ST- ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, ROBERT E</b>	32 NAME	
STREET ADDRESS	<b>436 7TH AVE</b>	33 STREET ADDRESS	
CITY- ST- ZIP	<b>PITTSBURGH PA</b>	34 CITY- ST- ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRIER, ROBERT M</b>	42 NAME	<b>Treasurer</b>
STREET ADDRESS	<b>436 7TH AVE</b>	43 STREET ADDRESS	<b>Christine F. Wubbolding</b>
CITY- ST- ZIP	<b>PITTSBURGH PA</b>	44 CITY- ST- ZIP	<b>436 Seventh Ave. #1050</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KARANZAS, SALLY M</b>	52 NAME	
STREET ADDRESS	<b>436 7TH ST</b>	53 STREET ADDRESS	
CITY- ST- ZIP	<b>PITTSBURGH PA</b>	54 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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 19.07(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 oath; that I am an officer or director of the corporation or the receiver or trustee or person 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: *Jill M. Blundon* **Jill M. Blundon,**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Vice President 4/9/96 (412) 227-2625**  
DATE: \_\_\_\_\_ OFFICER PHONE # \_\_\_\_\_

CR2E034 (12/95)