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 # **F64369** **(4)**

1. Corporate Name

BLACKHAWK QUARRY COMPANY OF FLORIDA, INC.

Principal Place of Business

1400 WILLOWBROOK STREET
PALM BAY FL 32909

Mailing Address

1400 WILLOWBROOK STREET
PALM BAY FL 32909

2. Principal Place of Business
21 Street Address
22 Suite
23 City
24 State
25 Country

2a. Mailing Address
26 Street Address
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: **01/25/1982**

3a. Date of Last Report: **01/19/1995**

4. FEI Number: **59-2189979** 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

MACHATA, ANDREW R
1400 WILLOWBROOK STREET
PALM BAY FL 32909

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 Section 607.0505 and 607.0506, 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 and certifies that it has 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 such position, pursuant to Section 607.0505, Florida Statutes.

Signature of Registered Agent — Date

12. OFFICERS AND DIRECTORS

PTD	[ ] DELETE
MACHATA, ANDREW	
1400 WILLOWBROOK ST.	
PALM BAY FL	
SV	[ ] DELETE
MACHATA, ADELE BUCCI	
1400 WILLOWBROOK ST.	
PALM BAY FL	
	[ ] DELETE
	[ ] DELETE
	[ ] DELETE
	[ ] DELETE
	[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change ☐ Addition
1 NAME	
1 STREET ADDRESS	
1 CITY ST ZIP	
2 TITLE	☐ Change ☐ Addition
2 NAME	
2 STREET ADDRESS	
2 CITY ST ZIP	
3 TITLE	☐ Change ☐ Addition
3 NAME	
3 STREET ADDRESS	
3 CITY ST ZIP	
4 TITLE	☐ Change ☐ Addition
4 NAME	
4 STREET ADDRESS	
4 CITY ST ZIP	
5 TITLE	☐ Change ☐ Addition
5 NAME	
5 STREET ADDRESS	
5 CITY ST ZIP	
6 TITLE	☐ Change ☐ Addition
6 NAME	
6 STREET ADDRESS	
6 CITY ST ZIP	

14. I hereby certify that the information indicated on this report or supplemental 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 in accordance with Section 607.0120(11), Florida Statutes.

SIGNATURE: Andrew R. Machata 1/22/96 (407)725-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Telephone Number

CR2E034 (12/95)