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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 F94000002527 (9)

DOCUMENT # HCR LIMESTONE INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place	Mailing Address	ldress					
6211 N. ANN		6211 N. ANN ARBOR ROAD					
DUNDEE MI 4	8131	DUNDEE MI 48131				DO NOT WRITE IN THIS SPACE	
						3. Date incorporated or Qualified	
						05/16/1994	
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number Applied For	
21		26	3]			38-3169761 Not Applicable	
Suite, Apt. (#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Security Securi	
22		27				ree nequied	
City & State)	City & State				8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23	Country	Zip Country					
Zip	<u></u>	29	30	пиу		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24	a. Name and Address of Current		301	Γ	···	10. Name and Address of New Registered Agent	
ĊT	CORPORATION SYSTEM			81	Name		
	O SOUTH PINE ISLAND ROAD				Ct	Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324				82	Street Ac	Address (P.O. Box Number is Not Acceptable)	
, 2 3,1,111-1111 2 3 3 2 1				83			
				84	City	85 Zip Code	
						FL T	
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							
Signature, typed or prented name of registerest ingent modulife if approachte (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND	DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change	
TITLE	DP Wiles, Russell A	☐ DEFEIG	1.1 1			C cutanda C varación	
NAME	3051 HAMILTON BLVD.		1.2 N				
STREET ADDRESS	THEODORE AL 36590		1		ADDRESS	See altached	
CITY-ST-ZIP	DV	DELETE	14 C	TY-S	1 - ZIP	See Q1+Qckee Change Addition	
TITLE	MOID DODERT I		2 1 N				
NAME	6211 N. ANN ARBOR ROAD		1		ADDDECC		
STREET ADDRESS	DINIDEE MI 40404			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	D 10101				51 - ZIF	Change Addition	
NAME	SMITH, DAVID A				_ , _		
STREET ADDRESS	6211 N. ANN ARBOR ROAD				ADDRESS		
CITY-ST-ZIP	ENINDEE MI 40121				ST - ZIP		
TALE	V	DELETE	4.1 TI			Change Addition	
NAME	MCGILVRAY, ROBERT R		4.2 N	AME	1		
STREET ADDRESS	3051 HAMILTON BLVD.				ADDRESS		
CITY-ST-ZIP	THEODORE AL 36590		4.4 C	ITY-S	1-ZIP		
TITLE	V	☐ DELETE	5.1 TI			Change Addition	
NAME	DAY, KENNIE		5.2 N	AME	1		
STREET ADDRESS % CRYSTAL RIVER QUARRY FL POWERL		L POWERLINE ROAD	NE ROAD 538		ADDRESS		
CITY-ST-ZIP	ODVOTAL DIVIED EL 00000		5.4 C	1Y-S	T-ZIP		
TITLE	8	DELETE	6.1 7	TLE		Change Addition	
NAME	ROWE, STEVEN P		6.2 N	AME			
STREET ADDRESS	6211 N. ANN ARBOR ROAD		6.3 S	TREET	ADDRESS		
CITY-ST-ZIP	DUNDEE MI 48131		6.4 C	ITY-S	T- <i>Z</i> (P		
14. Thereby o	certify that the information supplied wit	h this filing does not qualify	for the ex-	emp	tion stated	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

regreey certify mat the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or prior in attact from with an address.