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 # **F94000005665 (4)**

1. Corporation Name

JOHN SEXTON SAND & GRAVEL CORP.

Principal Place of Business	Mailing Address
1815 S. WOLF ROAD HILLSIDE IL 60162-2195	1815 S. WOLF ROAD HILLSIDE IL 60162-2195

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

3. Date Incorporated or Qualified: **11/01/1994**

3a. Date of Last Report: **01/25/1995**

4. FEI Number: **36-2406013** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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 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, typed or printed name of Registered Agent and, if applicable, the office of Registered Agent's signature, if other than the Registered Agent

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SEXTON, EILEEN G		1.2 NAME	
STREET ADDRESS	47 ROYAL VALE DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DANIELS, ARTHUR A		2.2 NAME	
STREET ADDRESS	4018 BORDEAUX DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL 60062		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DANIELS, KATHLEEN S		3.2 NAME	
STREET ADDRESS	4018 BORDEAUX DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL 60062		3.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, IRA		4.2 NAME	
STREET ADDRESS	938 EUCLID		4.3 STREET ADDRESS	
CITY-ST-ZIP	OAK PARK IL 60302		4.4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MALINSKI, CAROL S		5.2 NAME	
STREET ADDRESS	8 ARDEN COURT		5.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LUCEY, GERALD P		6.2 NAME	
STREET ADDRESS	38 WATERGATE ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BARRINGTON IL 60010-9561		6.4 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 119.07(3)(i), 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 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: Gerald P. Lucey — Gerald P. Lucey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 — Date

(708) 236-7105 — Daytime Phone #

CR2E034 (12/95)