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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **F95000000540**

1. Corporation Name

GLACIAL SAND & GRAVEL CO.

Principal Place of Business	Mailing Address	
O BOX 1022 ITTANNING PA 16201	PO BOX 1022 Kittanning pa 16201	

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90060 006 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 02/01/1995 FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 25-0999342 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired m Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zip 8. This corporation owes the current year Intangible **⊠**No ☐ Yes 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PASSMORE PASSMORE, RICHARD E Street Address (P.O. Box Number is Not Acceptable 82 1016 W. CHURCH ST. 1016 W. CHURCH ORLANDO FL 32805 83 Zip Code 32 805 84 City 85 ORLANDO of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions office or registered agent agent. I am familiar with 04-23-99 SIGNATURE ent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition ☐ DELETE 11 TM F TITLE SNYDER, CHARLES H SR. 1.2 NAME NAME **409 BUTLER ROAD** 1.3 STREET ADDRESS STREET ADDRESS KITTANNING PA 16201 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 2.1 TITLE Change ☐ Addition TITLE SNYDER, CHARLES H JR. 2.2 NAME NAMĘ **409 BUTLER ROAD** 2.3 STREET ADDRESS STREET ADDRESS KITTANNING PA 16201 2.4 CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition DELETE PD TITLE 3.1-TITLE SNYDER, MARK A NAME 3.2 NAME 409 BUTLER ROAD 3.3 STREET ADDRESS STREET ADDRESS KITTANNING PA 16201 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE SNYDER, DENNIS C NAME 4 2 NAME **409 BUTLER ROAD** STREET ADDRESS 4.3 STREET ADDRESS KITTANNING PA 16201 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TD 5.1 TITLE TITLE SNYDER, DAVID E 5.2 NAME NAME **409 BUTLER ROAD** 5.3 STREET ADDRESS STREET ADDRESS KITTANNING PA 16201 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

724-548-8101

CR2E034 (11/98)