


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

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90060 006 ***150.00

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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 PO BOX 1022 KITANNING PA 16201		Mailing Address PO BOX 1022 KITANNING PA 16201			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/01/1995 4. FEI Number 25-0999342 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent PASSMORE, RICHARD E 1016 W. CHURCH ST. ORLANDO FL 32805			10. Name and Address of New Registered Agent 81 Name PASSMORE, JEFFREY 82 Street Address (P.O. Box Number is Not Acceptable) 1016 W. CHURCH ST. 83 84 City ORLANDO FL 85 Zip Code 32805		
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 agent 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 <i>Jeffrey Passmore</i> JEFFREY PASSMORE 04-23-99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME SNYDER, CHARLES H SR. STREET ADDRESS 409 BUTLER ROAD CITY-ST-ZIP KITANNING PA 16201			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME SNYDER, CHARLES H JR. STREET ADDRESS 409 BUTLER ROAD CITY-ST-ZIP KITANNING PA 16201			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME SNYDER, MARK A STREET ADDRESS 409 BUTLER ROAD CITY-ST-ZIP KITANNING PA 16201			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME SNYDER, DENNIS C STREET ADDRESS 409 BUTLER ROAD CITY-ST-ZIP KITANNING PA 16201			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME SNYDER, DAVID E STREET ADDRESS 409 BUTLER ROAD CITY-ST-ZIP KITANNING PA 16201			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEFFREY PASSMORE

4-27-99

724-548-8101

Date

Daytime Phone #

CR2E034 (1/1/98)