

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

FILED

Feb 06 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F97000005707 (1)**

1. Corporation Name

**US SALT CORPORATION**

Principal Place of Business

**3740 BEACH BLVD., STE. 306  
JACKSONVILLE FL 32207**

Mailing Address

**3740 BEACH BLVD., STE. 306  
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/29/1997**

4. FEI Number

**59-3469445**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>DP</b>                         | <input type="checkbox"/> DELETE |
| NAME           | <b>DEMETREE, MARK C</b>           |                                 |
| STREET ADDRESS | <b>3740 BEACH BLVD., STE. 306</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32207</b>      |                                 |

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>VST</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>DOLAN, TIMOTHY P</b>           |                                 |
| STREET ADDRESS | <b>3740 BEACH BLVD., STE. 306</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32207</b>      |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                    |  |
|--------------------|------------------------------------|--|
| 1.1 TITLE          | <b>Vice Pres., Assistant Sec.</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>Gerald M. Murphy</b>            |  |
| 1.3 STREET ADDRESS | <b>3740 Beach Blvd., Suite 306</b> |  |
| 1.4 CITY-ST-ZIP    | <b>Jacksonville, FL 32207</b>      |  |

|                    |                                    |  |
|--------------------|------------------------------------|--|
| 2.1 TITLE          | <b>Director</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>James C. Cook</b>               |  |
| 2.3 STREET ADDRESS | <b>3740 Beach Blvd., Suite 306</b> |  |
| 2.4 CITY-ST-ZIP    | <b>Jacksonville, Florida 32207</b> |  |

|                    |                                    |  |
|--------------------|------------------------------------|--|
| 3.1 TITLE          | <b>Director</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>Ted A. Gardnet</b>              |  |
| 3.3 STREET ADDRESS | <b>3740 Beach Blvd., Suite 306</b> |  |
| 3.4 CITY-ST-ZIP    | <b>Jacksonville, FL 32207</b>      |  |

|                    |  |   |
|--------------------|--|---|
| 4.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |   |
| 4.3 STREET ADDRESS |  |   |
| 4.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 5.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |  |   |
| 5.3 STREET ADDRESS |  |   |
| 5.4 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    |  |   |

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.

SIGNATURE:

*Timothy P. Dolan*

**1/30/98**

**904-306-2000**

CR2E034 (10/97)