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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 26 1998 8:00am
Secretary of State

	MENT # G0312 E LAND MATERIALS, INC.	22 (0)			an anda andu andu andu naa
Principal Plac	ce of Business	Mailing Address			841 01011 81811 81811 01041 1401
3115 DIXIE I	HWY., NE.	PO BOX 060087 PALM BAY FL 32906-0087			
US		U\$		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				10/05/1982	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		_59-2236032	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
22	to.	27			Fee Required
City & Sta		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25 Name and Address of Curre		30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	aur Definieled Wieur	81 Name	10. Name and Address of New Registered	Maur
	ENCE, ROY				
	3115 DIXIE HWY NE PALM BAY 32905		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
• • • • • • • • • • • • • • • • • • • •	ALM DAT SEESS		83		
			04 0::		les I 3% Code
			84 City	FI	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered a	gent and tille d apporable (NOTE	Registered Agent signature requi		
12. TITLE	DP OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	PENCE, ROY J		1.2 NAME		C onango C reaction
STREET ADDRESS	3115 DIXIE HWY NE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 00000		1.4 CITY - ST - ZIP		
TITLE	DVP	DELETE	2.1 TITLE		Change Addition
NAME	PENCE, HERSCHEL		2.2 NAME		
STREET ADDRESS	3115 DIXIE HWY NE		2.3 STREET ADORESS		
CITY-ST-ZIP	PALM BAY, FL 00000		2. 4 CITY - ST - ZIP		
TITLE	DST DSNOT ALENE	☐ DELETE	3.1 TITLE		Change Addition
NAME	PENCE, ALENE		3.2 NAME		
STREET ADDRESS	3115 DIXIE HWY NE		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PALM BAY, FL 00000		3.4. CITY - ST - ZIP		Change Addition
NAME		I I DELETE			CT ANGUER CT MANGUAL
STREET ADDRESS]	☐ DELETE	4.1 TITLE		
		☐ DELETE	4. 2 NAME		
		∟¦ DELETE	4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4. 2 NAME		Change Addition
CITY-ST-ZIP			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE			4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME		[] DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP		[] DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		[] DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		

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 receiper 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 approximately with an address.

SIGNATURE:

ALENE PEWCE

2/11/98

(407)723-6107