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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # C17

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Principal Place of Business	Mailing Address	
124 S. SEABOARD AVENUE VENICE FL 34292	124 S. SEABOARD AVENUE VENICE FL 34292-2615	

## **FILED** Mar 24 1997 8:00am Secretary of State

1. Corporation Name  FLORIDA AGGREGATE HAULERS, INC.  Principal Place of Business Mailing Address  124 S. SEABOARD AVENUE 124 S. SEABOARD AVENUE VENICE FL 34292-2615											
							3. Date Incorporated 12/31/1982	or Qualified	1	te of Last F <b>9/1996</b>	Report
	2. Principal Place of Business  1 Suite, Apt. #, etc.		F	28. Mailing Address 26 Suite, Apt #, etc			4. FEI Number Apple				pplied For
Suite, Apl			<b></b>				59-2249582			Not Applicable  5 Additional	
22			27				5. Certificate of Status	s Desired	Ll		equired
City & Sta	itr.		City & S	State			6. Election Campaign	_	П		May Be
<b>23</b> Ζιρ		Country	<b>28</b>     710		Country	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribu  8. This corporation ha		intennible		to Fees
24		25	29		30	,	Florida Statutes		Yes [	Ĵ No	3. 133 (002)
	9, Name	and Address of Cu	urrent Registered Ag	ent		1 ::	10. Name and Address	s of New Re	egistered A	Agent	
	iner, nevin				81	Name					
	N WASHING RASOTA FL (					Street Add	fress (P.O. Box Number is I	Not Accepta	ble)		
SAI	MOUIN FL	34230			83					****	
					84	City				<b>85</b> Zip	Code
									FL	1 1	
11. Pursuan office or agent 1	t to the provisi registered agi am bimiliar wit	ons of Sections 607 ont, or both, in the S th, and accept the C	7.0502 and 607.1508, State of Floridal Such obligations of, Section	Florida Statu change was 607.0505, F	Ites, the above authorized by Iorida Statute	re-named cor y the corpora s.	poration submits this state ation's board of directors. I	ment for the hereby acce	purpose of pt the app	changing ointment as	its registered s registered
SIGNATURE  12. 10.1	PD	OFFICERS	eriogentano liso designostra S AND DIRECTORS		TE: Registered Ag		poration submils this state ation's board of directors. I Area when reinstating) ADDITIONS/CHANG		purpose of pt the app		
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14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and stated on this annual report or suppliemental 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 of 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

SIGNATURE:

941 484-9441