FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G67799** **(8)**

1. Corporation Name

F & S SAND, INC.

Principal Place of Business	Mailing Address
11416 HOUSTON AVE. HUDSON FL 34667 US	11416 HOUSTON AVE. HUDSON FL 34667 US

3. Date Incorporated or Qualified: **11/04/1983**
3a. Date of Last Report: **03/03/1995**

4. FEI Number: **59-2392611** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address 10206 Hilltop Dr.
26 NEW PORT RICHEY FL 34654
Suite, Apt. # etc. 27
City & State 28
Zip 29 County 30

9. Name and Address of Current Registered Agent

OLSON, GARRY
11416 HOUSTON AVE.
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name: FRANK J. PERROTT
82 Street Address (P.O. Box Number is Not Acceptable): 10206 HILLTOP DR.
83 NEW PORT RICHEY
84 City: FL 85 Zip Code: 34654

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: Frank J. Perrott, Pres. FRANK J. PERROTT DATE: 1-18-96
(Signature of New Registered Agent) (Name of New Registered Agent, Typed or Printed) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PST	☒ DELETE
NAME	OLSON, LARRY	
STREET ADDRESS	327 S. SHASTA AVE.	
CITY-ST-ZIP	EAGLE POINT OR	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	☐ Change ☐ Addition
12 NAME	FRANK J. PERROTT	
13 STREET ADDRESS	10206 HILLTOP DR.	
14 CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
21 TITLE	SECRETARY	☐ Change ☐ Addition
22 NAME	SUSAN J. PERROTT	
23 STREET ADDRESS	10206 HILLTOP DR	
24 CITY-ST-ZIP	NEWPORT RICHEY FL 34654	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Susan J. Perrott Susan J. Perrott, Secretary 813-868-0142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #