

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 5: 48

DOCUMENT # H51584 (1)

1. Corporation Name
LIMESTONE PRODUCTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 177 NEWBERY FL 32669	P.O. BOX 1309 MONROE NC 28111-1309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/10/1985	3a. Date of Last Report 04/27/1994
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 56-1465022	Applied For Not Applicable
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATES ARTHUR, K.	1.2 NAME	
STREET ADDRESS	8514 KILEY COURT	1.3 STREET ADDRESS	
CITY, ST, ZIP	ST. AUGUSTINE FL	1.4 CITY, ST, ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOME, TOMMY L	2.2 NAME	
STREET ADDRESS	P.O. BOX 1309 N/A	2.3 STREET ADDRESS	
CITY, ST, ZIP	MONROE NC	2.4 CITY, ST, ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, LARRY	3.2 NAME	
STREET ADDRESS	2029 NW 67TH PLACE	3.3 STREET ADDRESS	
CITY, ST, ZIP	GAINESVILLE FL	3.4 CITY, ST, ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, JERRY	4.2 NAME	
STREET ADDRESS	P.O. BOX 1309 N/A	4.3 STREET ADDRESS	
CITY, ST, ZIP	MONROE N.	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 110.07(1)(b), 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 as an attachment with an address.

SIGNATURE: *Jerry Sutton* **JERRY SUTTON** **3/22/95** **704-283-9492**
(Typed Name) (Date) (Telephone Number)