

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

FILED

Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **H73362** (6)

1. Corporation Name

**FLORIDA AGGREGATES INTERGROUP, INC.**

Principal Place of Business

**100 W. PINELOCH  
ORLANDO FL 32806-6129  
US**

Mailing Address

**P.O. BOX 568367  
ORLANDO FL 32856-8367  
US**

3. Date Incorporated or Qualified

**08/28/1985**

3a. Date of Last Report

**03/04/1996**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip

Country

**28**  
Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number

**59-2542213**

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

9. Name and Address of Current Registered Agent

**WALSH JR., JOHN J.  
100 W. PINELOCH  
ORLANDO FL 32856**

10. Name and Address of New Registered Agent

**81**

Name **Kyle S. Meyer**

**82**

Street Address (P.O. Box Number is Not Acceptable)  
**100 W. Pineloch**

**83**

**84**

City **Orlando,**

**FL**

**85**

Zip Code  
**32806**

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

*Kyle S. Meyer*  
Signature of Registered Agent (NOTE: Registered Agent signature required when reinstating)

DATE

**1/7/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARUSO JR, AUSTIN A.</b>	
STREET ADDRESS	<b>100 W. PINELOCH</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARUSO JR, JOSEPH M.</b>	
STREET ADDRESS	<b>100 W. PINELOCH</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CARUSO, PHYLIS</b>	
STREET ADDRESS	<b>100 W. PINELOCH</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WALSH JR., JOHN J.</b>	
STREET ADDRESS	<b>100 W. PINELOCH</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GONZALEZ, RICHARD L</b>	
STREET ADDRESS	<b>100 W. PINELOCH</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MEYER, KYLE S</b>	
STREET ADDRESS	<b>100 W. PINELOCH</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do 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, unchanged, or on an attachment with an address.

SIGNATURE:

*Kyle S. Meyer*  
Signature of Registered Agent (NOTE: Registered Agent signature required when reinstating)

**1/7/97**

**407 85943550**

Date

Daytime Phone #

00000000

CR2E034 (9/96)