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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90080 015 \*\*\*158.75

DOCU	JMENT	# H	73362

1. Corporation Name

FLORIDA AGGREGATES INTERGROUP, INC.							
					N BABAN BABAN BABAN BABAN BABAN 1881		
Principal Place of Business Mailing Address					( 45Eff eien eren Entit Ardi: 1651		
260 W PINELOCH AVE P.O. BOX 568367 ORLANDO FL 32806-6129 ORLANDO FL 32856-8367 US US							
				DO NOT WRITE IN TH	IS SPACE		
05		00		3. Date Incorporated or Qualifed			
				08/28/1985			
Principal Place of Business     2a. Mailing Address			4. FEI Number	Applied For			
21 26		26		59-2542213	Not Applicable		
Suite, Apt. #, etc. Suite, Apt		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional		
22		27			Fee Required		
23 City & State		City & State	-	6: Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country ,	8. This corporation owes the current year i	ntangible		
24	25 29 30		Personal Property Tax.	☐ Yes ☐ No			
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent		
MEV	er, kyle s.		81 Name	•			
	W PINELOCH AVE		82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32806							
J			83				
			84 City	. 📮	85 Zip Code		
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named corp	oration submits this statement for the purpose	_		
office or re	egistered agent, or both, in the State o	f Florida. Such change was auth	norized by the corporatio	n's board of directors. I hereby accept the app	ointment as registered		
	n familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature required	d when reinstating) DATE			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	CARUSO JR, AUSTIN A.		1.2 NAME				
STREET ADDRESS	260 W PINELOCH AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL	- Variete	1.4 CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE	D CARLING ID IOCERLA	DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	CARUSO JR, JOSEPH M.		2.2 NAME				
STREET ADDRESS	260 W PINELOCH AVE		2.3 STREET ADDRESS		•		
CITY-ST-ZIP	ORLANDO FL 32806 S	☐ DELETÉ	2.4 CITY-ST-ZIP		Change Addition		
NAME	CARUSO, PHYLIS	DECETE	3.2 NAME				
STREET ADDRESS	260 W PINELOCH AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32806		3.4. CITY-ST-ZIP				
TITLE	PD	☐ DELETE	4.1 TITLE	PAGE PRODUCTION OF THE PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAG	☐ Change ☐ Addition		
NAME	WALSH JR., JOHN J.		4. 2 NAME				
STREET ADDRESS	260 W PINELOCH AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 3806		4.4 CITY-ST-ZIP				
TITLE	T	☐ DELETE	5.1 TITLE	···	☐ Change ☐ Addition		
NAME	MEYER, KYLE S		52 NAME				
STREET ADDRESS	260 W PINELOCH AVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32806		5.4 CITY-ST-ZIP				
TITLE \		□ DELETE	6.1 TITLE		☐ Change ☐ Addition {		

CITY-ST-ZIP 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 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 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation of the exemption of the exem

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS