

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K21961** (3)

FILED

95 JAN 25 PM 2:47

1. Corporation Name
UNION ROCK & SAND CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2001 W. SAMPLE RD.
STE. 410
POMPANO BCH. FL 33064
US**

Mailing Address
**P. O. BOX 63-4197
MARGATE FL 33063
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/27/1988** 3a. Date of Last Report **02/08/1994**

4. FEI Number **65-0047637** 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. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2b. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MENER, JAN
STREET ADDRESS	2001 W. SAMPLE ROAD, #401
CITY-ST-ZIP	POMPANO BCH. FL
TITLE	GM
NAME	ALVAREZ, MIKE
STREET ADDRESS	2001 W. SAMPLE RD., #401
CITY-ST-ZIP	POMPANO BCH. FL
TITLE	D
NAME	THOMAS, JAN
STREET ADDRESS	2001 W. SAMPLE ROAD, #401
CITY-ST-ZIP	POMPANO BCH. FL
TITLE	D
NAME	KNUTSON, GORAN
STREET ADDRESS	2001 W. SAMPLE ROAD, #401
CITY-ST-ZIP	POMPANO BCH. FL
TITLE	P
NAME	SWAHN, GOSTA
STREET ADDRESS	2001 W. SAMPLE ROAD, #410
CITY-ST-ZIP	POMPANO BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Plant manager
2.3 STREET ADDRESS	Middel, Ray J
2.4 CITY-ST-ZIP	2001 W. Sample Rd., #401
	Pompano Bch., FL
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 registrar 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 of this report or on an attachment with an electronic.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

1/18/95 305-969-9100
Date (Month/Year)