

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # **L17177**

(1)

1. Corporation Name
AGGREGATE MATERIALS, INC.



Principal Place of Business

Mailing Address

**C/O JOHN L. SHADD
P.O. BOX 506
LAKE BUTLER FL 32054**

**C/O JOHN L. SHADD
P.O. BOX 506
LAKE BUTLER FL 32054-0506**

3. Date Incorporated or Qualified

09/19/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2965286

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

10. Name and Address of New Registered Agent

**SHADD, JOHN L.
HWY 121 SOUTH
LAKE BUTLER FL 32054**

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 ☐ DELETE

**DP
SHADD, JOHN L.
HWY 121 SOUTH
LAKE BUTLER FL**

1.1 TITLE ☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

2.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

2.2 NAME

CITY - ST - ZIP

2.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

STREET ADDRESS

3.1 TITLE

CITY - ST - ZIP

3.2 NAME

TITLE ☐ DELETE

NAME

3.3 STREET ADDRESS

STREET ADDRESS

3.4 CITY - ST - ZIP

CITY - ST - ZIP

4.1 TITLE

TITLE ☐ DELETE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

5.2 NAME

CITY - ST - ZIP

5.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

5.4 CITY - ST - ZIP

STREET ADDRESS

6.1 TITLE

CITY - ST - ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

John L. Shadd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97
Date

Daytime Phone #

CR2E034 (9/96)