

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L22723 (5)

1. Corporation Name

ALLIED CEMENT FINISHING & KEYSTONE, INC.



Principal Place of Business

8371 DRIFTWOOD ST
HOBE SOUND FL 33455
US

Mailing Address

P O BOX 1348
HOBE SOUND FL 33475

3. Date Incorporated or Qualified
10/13/1989

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0249046

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

VAUGHN, BARBARA
8371 DRIFTWOOD ST
HOBE SOUND FL 33455

81 Name

Barbara Vaughn Miller

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

8371 SE Driftwood St.

83

84 City

Hobe Sound,

FL

85 Zip Code

33455

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

Barbara Vaughn Miller, Pres.

4-25-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME WILKERSON, RUSSELL E.
STREET ADDRESS 5140 DELL ST.
CITY-ST-ZIP STUART FL

TITLE VT ☒ DELETE

NAME VAUGHN, BARBARA
STREET ADDRESS 8371 DRIFTWOOD ST
CITY-ST-ZIP HOBE SOUND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☐ Change ☒ Addition

1.2 NAME

Barbara Vaughn Miller

1.3 STREET ADDRESS

8371 SE Driftwood Street

1.4 CITY-ST-ZIP

Hobe Sound, Fl. 33455

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

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 119.07(3)(k), 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: Barbara Vaughn Miller, Pres.

4-25-96 (407) 546-8648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Vaughn Miller, Pres.

Date

Daytime Phone #

CR2E034 (12/95)