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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90230 046 ***150.00

DOCUMENT	#	M64296
1. Corporation Name		1110-12-00

G H M ROCK & SAND, INC.

Principal Place	e of Business	Mailing Address		1 (89(89)) (10 5)(11 619) (1310	((() () () () () () () () ()	
1024 US 301		1024 US 301				
P.O. BOX 638	2004	P.O. BOX 638 Baldwin Fl 32234		DO NOT W	RITE IN THIS SPACE	
BALDWIN FL 32	234	DALLWIN FL 32234		3. Date Incorporated or Qualife		٦
				01/08/1988	·	ł
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	٦
21 1650 C	CR 210 West	26 1650 CR 210) West	59-2977835	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	\neg
22		27		5. Certificate of Ctatus Desired	Fee Required	╝
City & State		City & State	_	6. Election Campaign Financin	- 11	Ì
23 Jacks	sonville, FL	28 Jacksonvil		Trust Fund Contribution	Added to Fees	4
Zip	Country	Zip	Country	8. This corporation owes the co		ł
24 32259			30 Duval	Personal Property Tax.	Yes XNo	\dashv
	9. Name and Address of Currer	t Registered Agent	81 Name	10. Name and Address of New	Registered Agent	┨
MOD	RIS, ROBERT		Name			≟
	CR 210 WEST	•	82 Street	Address (P.O. Box Number is Not Acce	ptable)	Į
	(SONVILLE FL 32259		83			┥
UNCI	CONTILLE I E UZZOS		83			
			84 City		FL 85 .Zip Code	-]
44 5	CO7 050	12 and CO7 1EO0. Florido Statutos	the above parced	corporation submits this statement for the		ᅱ
office or re	egistered agent, or both, in the State	of Florida. Such change was aut	thorized by the corpo	pration's board of directors. I hereby acc	cept the appointment as registered	Ì
agent. I ai	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	da Statutes.			ſ
SIGNATURE	Signature, typed or printed name of registered age	ALOTE: C	Registered Agent signature re	anuled when reinstaling)	DATE	1
12.		ID DIRECTORS	13.		FFICERS AND DIRECTORS IN 12	⊣
TITLE						- 1
NAME	CHP	☐ DELETÉ	1.1 TITLE		☐ Change ☐ Additio	,
	CDP MORRIS, HERMAN	☐ DELETE	1.1 TITLE 1.2 NAME		☐ Change ☐ Additio	n
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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 five 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 of the the corporation or the receiver of the corporation of the receiver of the corporation of the receiver of the corporation or the receiver of the corporation of the receiver o

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MECG. WRobert Morris, VD

4/15/1999 (904) 829-3946