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DOCOMEN1 # <b>LOOOO</b>	0075882					_
. Entity Name MERICAN AGGREGATES GROUP O	F NORTH FLORIDA	A, INC.		UI CED 30	6 PM 6: 16	. ≱
				UISLIZ	3 111 0, 10	,
rincipal Place of Business	Mailing Address		- Joy	SECRETA	RY OF STATE	
17-WEST-BEAVER STREET			ե	UU SECRETAI VU SELATIAS	SEE, FLORIDA	<del>f</del>
XXXXXVIIIE-FL-32220-	HACKSONVILLE-FL 12220		1 1001100c no CON			
Principal Place of Business	e of Business Letter P.V. Dr. 5. P.O. Box 8		1180118011118011118081	'NY MARTEN MAINEN MARYIC WIERYT MUSSYCH TI	1840 Astri oficial India (Inc. 1861)	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<i>8</i> 958	<del></del>	DO NOT WRITE IN THIS:	SPACE	
104	City P State	<del></del> _	4 CEI Number		Applied For	<del>-</del>
City & State MACKSONVITE, FL	Ponte Ved	ra Beh, F	- 59-36	88382	Not Applicat	ek
Zip Country 3220 US	3700H	Country	5. Certificate of Star	tus Desired	\$8.75 Additional Fee Required	
8. Name and Address of Current F	legistered Agent	95	7. Name and Addr	ess of New Registered		⇒
		Name		1		
SMITH HÜLSEY & BUSEY 225 WATER STREET		Street Add	ress (P.O. Box Number is No	(P.O. Box Number is Not Acceptable)		
DITE 1800						
ACKSONVILLE FL 32202		City	·	FL	Zip Code	
The above named entity submits this statement for	the purpose of changing its	s registered office or re	egistered agent, or both, in the		<u></u>	
	Ent the second of					
NATURE Signature, typed or printed name of registered agent ar	d tite if applicable. (NO)	E: Registered Agent signature	required when reinstating)	DATE		
<del>_</del>	T	III FEE IS \$550.00	<u> </u>			_
This corporation is eligible to satisfy its Intengible  Fax filing requirement and elects to do so.	After September 1:	2, 2001 Fee will be	\$750.00 Trust Fun	Campaign Financing ad Contribution.	\$5.00 May Be Added to Fees	·
See criteria on back)  OFFICERS AND D		ble to Department of		IGES TO OFFICERS AND	DIRECTORS IN 11	- ·
President	☐ Delete	TITLE	7,00		☐ Change ☐ Additi	a (5/03)
Hendrick C. DeB	eer	NAME Street address				
STIP 231 Clearwater	-Drive	CITY-ST-ZIP				S CRZE034
Ponte Vedra Be	ach, for Delete	TITLE		•	☐ Change ☐ Additi	m 5
ET ADDRESS 30060		NAME STREET ADDRESS	_			
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ET ADDRESS ST-ZIP		STREET ADDRESS CITY+ST+ZIP	ے ایک میں شد کا رسم	ستعداد والتحسيب والدارية		~  -
	☐ Defete	TITLE	<del> </del>		☐ Change ☐ Additi	on i
T appears		NAME STREET ADDRESS				
_ / /		CITY-ST-ZIP				_
RET ADDRESS N-SI-2P  3- Thereby certify that the infortation supplied with indicated on this report or sipplemental apont is of the corporation of the report or truste emporichanged, or on an attachment with an array's, w	this tiling dose not qualify to true and accurate and that wered to execute this report tith all other like empowered	STREET ADDRESS CITY-ST-ZIP or the exemption stated	i in Section 119.07(3)(i), Flor is the same regardnest as if er 607, Florida Statutes; and	ida Statutes. I further cer made under ceth; that I- I that my name appears i	tify that the information am an officer or Siracto n Block 11 or Block 12	if and the second
	INTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date D	laysime Phone #	
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