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

4/12/96 904-736-9288 Od Destrict Proces

DOCUMENT #

1. Corporation Name

P92000009703 (9)

GREAT AMERICAN ROCK OF DELAND, INCORPORATED

Principal Place of Business Mailing Address							* 40011001	IND ABUTA DEBET BADITA DE	ian au sta mbala i	/8/18 18/11 1	TRICORIAE IIII IEQI
1842 PATTERSON AVENUE 1842 PATTERSON AVE						-					
Building N Deland Fl			ING N-6 ND FL 32720			ļ					
DELIND TE	· VETEU	OCEN!	SCENIE 1 E VETEV				3. Date Incorpora 12/07/1		3a. Date	of Last Re	
2. Principal Plac	ce of Business	2a. Mailing	Address				4, FEI Number		· · · · · · · · · · · · · · · · · · ·		Applied For
21		26	26				59-3153027			'	Not Applicable
Suite, Apt. #,	, etc.	— — ·	Apt. #, etc.				5. Certificate of S	tatus Desired			Additional
City & State		27 Caus S	Stata				4 E -				Required
23		28	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip			Zip Country				8. This corporation		ntanoible tax		
24	25 29		30				Florida Statutes				
	9, Name and Address of Cu	rrent Registered A	gent				10. Name and Ad	Idress of New R	egistered A	gent	
				81	Name	6					
	N, MICHAEL P			82	Stree	et Address	(P.C. Box Number	r is Not Acceptab	le)		
	VINTERVILLE STREET					· · · · · · · · · · · · · · · · · · ·					
DELIG	NA FL FL327-25			83							
				84	City				EI	85 Zq	p Code
11 Pursuant to	the provisions of Sections 607.	0502 and 607 1508	Florida Statutos	e the above.	named.	corporation	n euromite thie etal	oment for the pur	PL 0000 of observed		racietared office
or registerer	d agent, or both, in the State of	Florida. Such change	: was authorize	d by the com	oration	's board of	f directors. I hereby	y accept the appo	pose of char pintment as i	egistered	l agent. I am
	n, and accept the obligations of,	Section 607.0505, Fit	onda Statutes.								
SIGNATUREs	ignature, typed or printed name of registered	l agent and title if applicable	(NOT	E: Registered Age	nt signature	e required who	on reinstating)		DATE		
12.	OFFICERS	S AND DIRECTORS		13.			ADDITIONS/CH	HANGES TO OFF	ICERS AND	DIRECTO	ORS IN 12
TITLE	D] DEFELE	1 1 TITLE] Change	Addition
NAME	BELYAN, MICHAEL P			12 NAME							
STREET ADDRESS	1365 WINTERVILLE ST	REET		13 STREE	I ADDRESS	s					
CITY-SI-ZIP	DELTONA FL 32725		T DELETE	14 CHY-1	ST-ZIP					7.05	F3 1448
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CITY-SI-ZIP				24 CITY-		·			•		
TITLE		F	DELETE	3 1 TITLE	31-211	+				Change	Addition
NAME		_	-	3 2 NAME					_		—
STREET ADDRESS				33 STREE	T ADDRES	is					
CITY - ST - ZIP				3.4 CITY-	ST-ZIP						
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STREET ADDRESS				4 3 STREE	T ADDRESS	s					
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TITLE		L.] DELETE	5 1 TITLE] Change	Addition
NAME OURSEL ARRESON				5 2 NAME							
STREET ADDRESS				5 3 STREE		5					
CITY-ST-ZIP TITLE			DELETE	54 CITY -: 6 1 TITLE	ST-ZIP	+			Г] Change	☐ Addition
NAME		L.	7 00000	6 2 NAME					1_) Ontainge	
STREET ADDRESS				63 STREE	ADDRESS	,					
CITY - SI - ZIP				64 CITY-		<u> </u>					
14. I do hereby	certify that the information supp	olied with this filing is s	voluntarily furnis	shed and doe	s not a	ualify for th	ne exemption state	d in Section 119.	07(3)(k), Flor	ida Statut	tes. I further
oath; that L	the information indicated on this am an officer or director of the c	corporation or the rec	eiver or trustee	empowered	ue and a to exec	accurate a cute this rep	ind that my signatu port as required by	ire shall have the / Chapter 607, Fk	same legal e orida Statute	emect as if s; and the	/ made under at my name
appears in f	Block 12 or Block 13 if changed	·		ess.							
	~ · · · /		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	1				1 /			

G OFFICER OR DIRECTOR