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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **P93000020070 (7)**

1. Corporation Name

CAC AGGREGATES, INC.

Principal Place of Business	Mailing Address
% FHS CORPORATE SERVICES INC 11780 US HWY ONE SUITE 300 NORTH PALM BEACH FL 33408	% FHS CORPORATE SERVICES INC P.O. BOX 700 LOXAHATCHEE FL 33470 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0394797	☐ 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	

2. Principal Place of Business (21) — Suite Apt. # etc. (22) — City & State (23) — Zip (24) — County (25)

2a. Mailing Address (26) — Suite Apt. # etc. (27) — City & State (28) — Zip (29) — County (30)

9. Name and Address of Current Registered Agent

RICHARDSON, KEVIN
1551 FORUM PLACE
SUITE 300C
W PALM BCH FL 33401

10. Name and Address of New Registered Agent

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 607.2002 and 607.1908, 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, Florida Statutes.

SIGNATURE: _____ (Signature of New Registered Agent, if changed) _____ (Date)

12. OFFICER AND DIRECTOR	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 17
TITLE: PSTD NAME: COMYNS, CAROL STREET ADDRESS: 2410 MUIR CIR CITY-ST-ZIP: W PALM BCH FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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)(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 the 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.

407

SIGNATURE: C.A. Czerwiec C.A. Czerwiec 4-28-95 785-6550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0439266 FP