

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Aug 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P93000020070**  
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11199 Polo Club Road Suite, Apt. #, etc. City & State 23 Wellington, FL Zip 24 33414	2a. Mailing Address 26 11199 Polo Club Road Suite, Apt. #, etc. City & State 28 Wellington, FL Zip 29 33414	3. Date Incorporated or Qualified 3/17/93 4. FEI Number 65-0394797 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--

9. Name and Address of Current Registered Agent

Richard Kevin  
1551 Forum Place  
Suite 300C  
West Palm Beach, FL 33401 USA

10. Name and Address of New Registered Agent

81 Name <b>Craig Galle</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>11199 Polo Club Road</b>
83	
84 City <b>Wellington, FL</b>	85 Zip Code <b>33414</b>

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

*Craig T. Galle*

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

(NOTE: Registered Agent signature required when reinstating)

8/11/98  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE <b>Carol Comyns</b> <b>2410 Muir Circle</b> <b>Wellington, FL 33414</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>President</b> <b>Glenn F. Straub</b> <b>11199 Polo Club Road</b> <b>Wellington, FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Secretary/Treasurer</b> <b>Harold S. Skinner</b> <b>11199 Polo Club Road</b> <b>Wellington, FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400002625414</b> <b>-08/26/98--D1048--006</b> <b>***558.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

*[Signature]*

6/26/98

561-798 7333

CR2E034 (10/97)