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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000083205

FLORIDA INDEPENDENT MATERIALS, INC.

j *a	a de la como de la com	**************************************					
Principal Place	e of Business	Mailing Address		*."	1 15011001 110 10100 (1111 00111 00111 00111	.ii 88181 (4169)(116 (16)) c	JESQI WILL ISON
122 E. TILLMAN AVENUE PO DRAWER 840							
		LAKE WALES FL 33859-0840	KE WALES FL 33859-0840		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					11/29/1993		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	. Ap	plied For
21		26			59-3211877	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u> </u>	5. Certifcate of Status Desired	\$8.75 A	
22		27				Fee Re	
City & State	e .	City & State			6. Election Campaign Financing	\$5.00 Added to	
23	Country	28 Zin	Country		Trust Fund Contribution		o rees
Zìp	Country	Zip	country		 This corporation owes the current y Personal Property Tax. 		□No
24	9. Name and Address of Curre		1		10. Name and Address of New Regis		
 .			81	Name			
	nson, ronald c		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	e. Tillman avenue		02	SueerAu	Idless (F.O. Box Number is Not Acceptable)		
LAK	E WALES FL 33853		83				
	•		84	City		85 Zip C	Code
·				1		FL	
office or n agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	norized by	the corpora	orporation submits this statement for the purpation's board of directors. I hereby accept the	appointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	Registered Agen	t signature requ		DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	VPD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	JAHNA, JAMES A		1.2 NAME	ļ			
STREET ADDRESS	122 E. TILLMAN AVENUE		1.3 STREET	1			
CITY-ST-ZIP	LAKE WALES FL	☐ DELETE	1.4 CITY-S' 2.1 TITLE	T-ZIP		Change	Addition
TITLE			2.2 NAME		•		
NAME	122 E TILLMAN AVE.	,		ADDRESS			
STREET ADDRESS	LAKE WALES FL	:	2. 4 CITY-8	1	$\dot{\wp}$	-	Í
CITY-ST-ZIP	STD	· DELETE	3.1 TITLE	,,,,,,,,	-	. Change	Addition
NAME	JOHNSON; RONALD C		3.2 NAME		,		,
STREET ADDRESS	122 E TILLMAN AVE		3.3 STREET	TADDRESS			(
CITY-ST-ZIP	LAKE WALES FL		3.4. CITY- S		<u> </u>		
TITLE		☐ DELETE	4,1 TITLE			☐ Change	☐ Addition
NAME		•	4. 2 NAME			•	
STREET ADDRESS	· ·	•	4.3 STREE	TADDRESS	•		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			<u>-</u>
TITLE		☐ DELETE	5.1 TITLE	<i>f</i> *	, .	Change	☐ Addition
NAME			5.2 NAME	3			
STREET ADDRESS				ADDRESS	,		
CITY-ST-ZIP	<u>-</u>		5.4 CITY-S 6.1 TITLE	T-ZIP		Change	Addition
TITLE	1	☐ DELETE	6.1 TITLE		,	cnange	

CITY-ST-ZIP 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 changes on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90079 022 ***150.00