

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083205

1. Entity Name

FLORIDA INDEPENDENT MATERIALS, INC.

Principal Place of Business

122 E. TILLMAN AVENUE
LAKE WALES FL 33853

Mailing Address

PO DRAWER 840
LAKE WALES FL 33859-0840

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, RONALD C
122 E. TILLMAN AVENUE
LAKE WALES FL 33853

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90093 001 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3211877

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	JAHNA, JAMES A.	
STREET ADDRESS	122 E. TILLMAN AVENUE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JAHNA, EMIL R III	
STREET ADDRESS	122 E TILLMAN AVE.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JOHNSON, RONALD C	
STREET ADDRESS	122 E TILLMAN AVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEESLER, ALLEN J. JR	
STREET ADDRESS	122 E TILLMAN AVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAHNA, EMIL R III	
STREET ADDRESS	122 E TILLMAN AVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCOLLUM, R. CARL	
STREET ADDRESS	122 E TILLMAN AVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAHNA-PETERSON, GRETCHEN	
STREET ADDRESS	122 E TILLMAN AVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RONALD C.	
STREET ADDRESS	122 E TILLMAN AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplementary 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R. Carl McCollum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. CARL MCCOLLUM

4-25-00

Date

863 676 9431

Daytime Phone #

CR2E034 (9/99)