

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

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Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000084726 (7)

1. Corporation Name  
FLORIDA CRUSHED STONE COMPANY

Principal Place of Business  
1616 S. 14TH STREET  
LEESBURG FL 34748

Mailing Address  
1616 S. 14TH ST.  
P.O. BOX 480300  
LEESBURG FL 34749-0300



3. Date Incorporated or Qualified 12/13/1993  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3215445		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		CONSOL.	
24		25		29		30	

9. Name and Address of Current Registered Agent

GREGG, F. BROWNE  
1616 S. 14TH STREET  
LEESBURG FL 34748

10. Name and Address of New Registered Agent RETURN

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGG, F. BROWNE	1.2 NAME	
STREET ADDRESS	1616 S. 14TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL 34748	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDERSTADT, CARL	2.2 NAME	
STREET ADDRESS	1616 S. 14TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL 34748	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON III, S. RANDOLPH	3.2 NAME	
STREET ADDRESS	1616 S. 14TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL 34748	3.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARNELL, W. REID	4.2 NAME	
STREET ADDRESS	1616 S. 14TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL 34748	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JONES, GARY L.
STREET ADDRESS		5.3 STREET ADDRESS	1616 S. 14TH STREET
CITY - ST - ZIP		5.4 CITY - ST - ZIP	LEESBURG FL 34748
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:

Wm. Reid Darnell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 352 787 0608  
Date Daytime Phone #

CR2E034 (9/96)