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Apr 21 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 # P94000023156 (0)

1. Corporation Name

FLAGLER SAND & GRAVEL DELIVERIES, INC.



Principal Place of Business

1703 OLD MOODY BLVD
BUNNELL FL 32110
US

Mailing Address

1703 OLD MOODY BLVD
BUNNELL FL 32110
US

3. Date Incorporated or Qualified

03/22/1994

3a. Date of Last Report

03/22/1996

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

23

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAILEY, GARY L
17 PINE CROFT LANE
PALM COAST FL 32137

81 Name

Barbara M. Bergman

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

613 Yorkshire Drive

83

Flagler Beach,

84 City

FL

85

Zip Code

32136

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

Barbara M. Bergman

4/15/97

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

D

DELETE

NAME

STAILEY, GARY L

STREET ADDRESS

17 PINE CROFT LANE

CITY - ST - ZIP

PALM COAST FL 32137

TITLE

D

DELETE

NAME

STAILEY, RONALD L

STREET ADDRESS

1701 OLD MOODY BLVD.

CITY - ST - ZIP

BUNNELL FL

TITLE

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DELETE

NAME

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STREET ADDRESS

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CITY - ST - ZIP

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CITY - ST - ZIP

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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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Barbara M. Bergman

613 Yorkshire Drive

Flagler Beach, FL 32136

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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:

Barbara M. Bergman

4/15/97

904/437-1877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (9/96)