## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Jul 28 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 P94000053444 (3) DOCUMENT # EASTMAN AGGREGATES, INC. Principal Place of Business Mailing Address 3805 BELLVUE AVENUE P.O. BOX 6469 LAKE WORTH FL 33461 LAKE WORTH FL 33466 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 07/12/1994 03/05/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0505560 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 Cily & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 EASTMAN, BERNARD D 5571 S. 37TH STREET 82 GREENACRES FL 33463 83 84 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 egistered agent, of poth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, an placept the obligations of Section 607.0505, Florida Statutes. SIGNA (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4/97) Change DELETE Addition TITLE 1.1.7111.6 EASTMAN, BERNARD D NAME 1.2 NAME 5571 8: 87TH STREET STREET ADDRESS 1.3 STREET ADORESS **GREENACRES FL 33463** 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAMI STREET ADDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition | TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IF DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CDY - ST - ZIP DELETE Change Addition TITLE 5.1 1011.6 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7(P DELETE Change Addition TITLE 61 TITLE NAME 62 NAME

6.3 STREET ADDRESS

1,8197

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 eath, 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

with an address.

STREET ADDRESS CITY - ST - ZIP

appears in Block 12 or Block 13 if chang