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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000000499 (0)**

1. Corporation Name

EASTERN PORTLAND CEMENT SALES CORP.

Principal Place of Business	Mailing Address
712 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408	712 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified: 12/30/1994

3a. Date of Last Report: 06/28/1995

2. Principal Place of Business	2a. Mailing Address
21 1400 CENTREPARK BLVD	26 1400 CENTREPARK BLVD
Suite, Apt. #, etc. 22 SUITE 900	Suite, Apt. #, etc. 27 SUITE 900
City & State 23 WEST PALM BEACH FL	City & State 28 WEST PALM BEACH FL
Zip / Country 24 33401 / 25	Zip / Country 29 33401 / 30

4. FEI Number: ~~APPLIED FOR~~ 65-0585268 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET TALLAHASSEE FL 32301	81 Name: SPENCER MAURY L 82 Street Address (P.O. Box Number is Not Acceptable): 1400 CENTREPARK BLVD 83 SUITE 900 84 City: WEST PALM BEACH **FL** 85 Zip Code: 33401

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 _____ DATE

Signature, typed or printed name of registered agent and title of officer. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	*SPENCER, MAURY L		1.2 NAME	
STREET ADDRESS	712 U.S. HWL. ONE		1.3 STREET ADDRESS	1400 CENTREPARK BLVD SUITE 900
CITY-ST-ZIP	N. PALM BCH. FL 33408		1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	VDT	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	SPENCER, GILBERT		2.2 NAME	
STREET ADDRESS	712 U.S. HWY. ONE		2.3 STREET ADDRESS	1400 CENTREPARK BLVD SUITE 900
CITY-ST-ZIP	N. PALM BCH. FL 33408		2.4 CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	800001858168
STREET ADDRESS			6.3 STREET ADDRESS	-06/11/96--01100--015
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***200.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Date: 5/1/96 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR