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

PROFIT CORPORATION **ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT** # P95000008206 (1)

SOUTHERN AGGREGATES INC.

Principal Place of Business	Mailing Address
P.O. BOX 8322	P.O. BOX 8322
DELRAY BEACH FL 33482	DELRAY BEACH FL 33482

## **FILED** Apr 07 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0548937 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JULIAN, RICHARD M 6770 (A) VILLAGE DR: R2 DELRAY BEACH FL 33445 R3 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. Thereby accept the appointment as registered agent. Lam lamplar with, and accept the obligations of Section 607.0506, Florida Statutes. SIGNATURE one of regenered agent and tile stops of OFFICERS AND DIRECTORS (leted Agent signature required when reinstating) 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DEFFIE Change Addition PRES 1 5 TITLE TITLE JULIAN, RICHARD 1.2 NAME NAME 3770 A VILLAGE DRIVE STREET ADDRESS 1.3 STREET ADDRESS **DELRAY BEACH FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE SEC NAME GENTIL, CAROL 2.2 NAME STREET ADDRESS 8958 E PRINCESS DONNA CT 23 STREET ADDRESS CITY-ST-ZIP **BOYNTON BCH FL** 2. 4 CITY-ST-ZIP DECETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CHTY-ST-ZIP 3 4. City-St-ZiP DELFTE Change Addition 4.5 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRÉSS CITY-SI-ZIP 4.4 CITY - ST- ZIP DETETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6171748 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 trusted 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: