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

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90013 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000008206**

1. Corporation Name
SOUTHERN AGGREGATES INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 6322~~ ~~DELRAY BEACH FL 33482~~	~~P.O. BOX 6322~~ ~~DELRAY BEACH FL 33482~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/26/1995

4. FEI Number: 65-0548937 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4650 S.E. 38th St.	26 4650 S.E. 38th St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: OCALA, FL.	28 City & State: OCALA, FL.
24 Zip: 34480 25 Country	29 Zip: 34480 30 Country: Marion

9. Name and Address of Current Registered Agent

JULIANO, RICHARD M
~~7055 CHESAPEAKE CIRCLE~~
~~BOYNTON BEACH FL 33462~~

10. Name and Address of New Registered Agent

81 Name: Richard M. JuLiano
82 Street Address (P.O. Box Number is Not Acceptable): 4650 S.E. 38th St.
83
84 City: OCALA, FL. FL 85 Zip Code: 34480

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 if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES JULIAN, RICHARD 3770 A VILLAGE DRIVE DELRAY BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 5194 N.E. 7th PL. OCALA, FL. 34470
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC GENTIL, CAROL 8958 E PRINCESS DONNA CT BOYNTON BCH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 11460 74th Ter. Bellevieb FLORIDA 3-9-1999
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: _____ 3-12-99 624-9398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #