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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000076745**1. Corporation Name

BREVARD SAND AND STONE, INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90158 001 ***150.00



Principal Place	of Business	Mailing Address				1 190-100) III (010-1 BIN) BORN OOM OOM 100-10 BIN 100-1 ONE 100-1 ONE 100-1				
7323 WINDOVER	7323 WINDOVER WAY	NDOVER WAY								
TITUSVILLE FL 32780		TITUSVILLE FL 32780			İ	DO NOT WOITE	N THIS ST	3405		
		US	US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						9/1995				
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Nu			— — —	pplied For	
21		26			59-33	<u>343097 </u>			lot Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certifc	ate of Status Desired	3	•	Additional	
22 27 27									Required-	
City & State	•	City & State			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing \$5.00 May Be				
23	<u> </u>	28				Fund Contribution			to Fees	
Zip	Country	Zip Country			1	orporation owes the current	· _	_	Пыс	
24	25 29 30			Personal Property Tax.						
	9. Name and Address of Current	Registered Agent	81	Nai		and Address of New Keg	isteren Ag	leur.		
SMITH, LYNNWOOD			101	Nai	16					
	WINDOVER WAY	82 Street Ad		et Address (P.O. Box	Number is Not Acceptable)				
	SVILLE FL 32780	•	-	ļ						
11108	SVILLE PL 32/60		83							
	•		84	City			FL	85 Zip	Code	
11 Pursuant to	o the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the above	!e-nam	ed corporation submi	ts this statement for the pur	pose of ch	anging it	s registered	
office or re	egistered agent, or both, in the State of n familiar with, and accept the obligation	Florida. Such change was auth	orized by	the c	rporation's board of o	directors. I hereby accept th	e appointr	nent as r	egistered	
SIGNATURE 3	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Ager	nt signal	re required when reinstating)		DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIO	ONS/CHANGES TO OFFIC				
TITLE	PD	☐ DELETE	1.1 TITLE		PD	978, "		Change	Addition	
NAME	SMITH, LYNNWOOD	, LYNNWOOD 12N			541	RLI W- 2.	mit	rt·		
STREET ADDRESS	s P.O. BOX 1157 N/A 1.3 s		1.3 STREE	r addri	ss 732	23 WINDE	10 <i>0</i> 2	-	_	
CITY-ST-ZIP	SHARPES FL 32959-1157140		1.4 CITY-S	T-ZIP	TIN	SVILLE FL	<u> 32</u>	786	2	
TITLE		☐ DELETE	2.1 TITLE	_	V192.	P	[Change	Addition	
NAME (. 221		2.2 NAME		KATH	1 C.ROSE			(
STREET ADDRESS			2.3 STREE	ADDRI	الشكر وسنسا	windover	WA	4	i	
CITY-ST-ZIP			2.4 CITY-5	T-ZIP	1112501	ille FL.	327	80		
TITLE		☐ DELETE	3.1 TITLE		sec i	⊅.		Change	Addition	
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STREET ADDRESS	•		3.3 STREE	T ADDRI	ا حد ضضا	WINDUVER				
CITY-ST-ZIP			3.4. CITY+S	ST-ZIP	1 115050	VILLE FL.	327	180		
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	TADORI	ss]					
CITY-ST-ZIP			4.4 CITY-S		1					
TITLE		DELETE	51 TITLE				[Change	Addition .	
NAME			5.2 NAME		}					
STREET ADDRESS			5.3 STREE	TADDR	ss)					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	-				_	
TITLE		☐ DELETE	6.1 TITLE		1			Change	Addition	
NAME	•		6.2 NAME							
STREET ADDRESS			6.3 STREE	TADDR	ss				l	
			6.4 CITY-S		ĺ				ĺ	
CITY-ST-ZIP	artify that the information synalized with	Abia filina da an ant cualific for th			ted in Section 119.0	7/3\/i) Elorida Statutos I fu	ther cortifi	that the	i-f-mation	

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.

CR2E034 (11/98)