## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Sep 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000079814 (6)

JUPITER SAND AND ROCK, INC.

Principal Place of Business Mailing Address 10389 159TH CT NORTH 6671 W INDIAN TOWN ROAD JUPITER FL 56-194 DO NOT WRITE IN THIS SPACE JUPITER FL US 3. Date Incorporated or Qualified 3a. Date of Last Report 10/16/1995 07/03/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0614421 Not Appl cable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible (T) Yes 24 29 ☐ No 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCKENZIE, ROBERT 10389 159TH CT NORTH 82 Street Address (P.O. Box Number is Not Acceptable) Jupiter fl 83 84 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change TITLE DELETE 1.1 TITLE Addition MCKENZIE, ROBERT NAME 1.2 NAME 10389 159TH CT NORTH STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL CITY - ST - ZIP 1.4 CITY - ST - ZIP Change TITLE DELETE Addition 2.1 TITLE BUDDEMEIER, GLEN NAME 2.2 NAME 10389 159TH CT NORTH STREET ADDRESS 2.3 STREET ADDRESS Jupiter Fl CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE MCKENZIE, KATHLEEN NAME 3.2 NAME 10389 159TH CT NORTH STREET ADDRESS 3.3 STREET ADDRESS JUPITER FL CITY-ST-ZIP 34. CITY-ST-ZIP Change TITLE DEI.ETE 4.1 TITLE noitibt A NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE noitibt A NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITL€ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREE1 ADDRESS

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 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.

6.4 CITY - ST - ZIP