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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF DOCUMENT # P95000091895 (9)

CONTRACTOR SAND & SUPPLY, INC.

Principal Place of Business Mailing Address 11099 S. OLD DIXIE P.O. BOX 443 WABASSO FL 32970 SEBASTIAN FL 32958 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 12/04/1995 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 65-0638028 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 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 BROWN, LEE 122 NEBRASKA CIRCLE Street Address (P.O. Box Number is Not Acceptable) SEBASTIAN FL 32958 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) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.1 TITLE Change BROWN, LEE NAME 12 NAME 122 NEBRASKA CIRCLE STREET ADDRESS 1.3 STREET ADDRESS SEBASTIAN FL 32958 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition BROWN, RALPH A 76 TALLWOOD RD STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Ď ___ DELETE Change Addition TITLE 31 TITLE BROWN, MAX L NAME 3.2 NAME 7521 LABARRINGTON BLVD. STREET ADORESS 3.3 STREET ADDRESS POWELL TN 37849 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition BROWN, JUNE 4. 2 NAME NAME 11099 S. OLD DIXIE STREET ADDRESS 4.3 STREET ADDRESS SEBASTIAN FL 32958 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE STURGIS, GAYLE B 5.2 NAME NAME 3215 62ND CT. 5.3 STREET ADDRESS STREET ADDRESS VERO BEACH FL 32966 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE

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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

TENH UIT BEQUIRED

16/98

(561)589-5591

FILED

Jan 20 1998 8:00am

Secretary of State

CR2E034 (10/97)