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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097852 (4)

SOUTHERN LIME & DOLOMITE COMPANY, INC.

| Principal Place of Business Maling Address | | | | | | | | | | , | | | | |
|--|---|--|--|---|-----------------|-------------------------|-----------------------------|---|--|----------|--------------------------|--------------|--------------------|------------|
| • | | - | Mailing Address 744 COUNTRY ROAD 621 EAST | | | | | | | | | _ | | |
| 744 COUNTRY F LAKE PLACID FI | | | LAKE PLACID FL 33852 | | | | | | | | | | | |
| | | | | | | | | _ | 5 Distriction Occ | 6:4'I | 1 90 0- | | Danad | 1 |
| | | | | | | | | ' | Date Incorporated or Qua 01/01/1996 | HTIQCI | Ja. Dat | te of Last | nepon | |
| 2. Principal Pl | lace of Busin | iess | 2a. Maili | ng Address | | | | | 4. FEI Number | - 0 | | | Applied For | |
| 21 | | 26 | 26 | | | | | 65-064. | 5 9 | 90 | | Not Applicat | ole | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desir | ed | | | Additional | | |
| 22 | | | City & State | | | | | Fee Required | | | | | _ | |
| City & State . | | | <u> </u> | City & State | | | | ' | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | | |
| Zip | Country | | | Zip Cou | | | , | | 8. This corporation has liability for intangible tax under s. 199.032 | | | | | \exists |
| 24 | | 25 | 29 | | 30 | | | | Florida Statutes | | Yes [| | | |
| | | and Address of Cu | rrent Registered | Agent | | | T 41 | 1 | 0. Name and Address of N | ew Re | gistered A | gent | | \dashv |
| | s, roscoe | | | | | 81 | Name | | | | | | | |
| | COUNTRY | | | | | 82 Street Addre | | dress (P.O. Box Number is Not Acceptable) | | | | | | |
| LAKE | E PLACID F | | | | 83 | 33 | | | | | | ···· | \dashv | |
| | | | | | | | | | | | | | | _ |
| | | | | | | 84 | City | | | | FL | 85 Zi | p Code | |
| 11. Pursuant | to the provis | ons of Sections 607 | 0502 and 607.15 | 08, Florida Statu | tes, th | ie abov | e-named c | orporat | ion submits this statement fo | r the p | urpose of | changing | its register | ₽ď |
| office or r agent I a | registered ag ım famılıar wi | jent, or both, in the S ith, and accept the o | itate of Florida. Su bligations of, Sec | ich change was tion 607.0505, Fl | autho Iorida | rized by Statute | y the corpo s. | oration's | s board of directors. I hereby | accep | it the appo | animent a | as registered | ' |
| SIGNATURE | | | | *************************************** | | | | | | | | | | |
| 12. | Signature, typied | or printed name of register | | | | stered Ap | ent signature re | equired wh | nen reinstating) ADDITIONS/CHANGES TO | OFFIC | DATE CERS AND | DIRECT | ORS IN 12 | \dashv_i |
| TITLE | OFFICERS AND DIRECTORS D BASS, ROSCOE J | | | DELETE | | 1.1 TITLE | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 2010111 | Change | | ion |
| NAME | | | | | - 6 | 1.2 NAME | ĺ | | | | | | | |
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| NAME | | s, sherman | | | | 2.2 NAME | | | | | | | | |
| STREET ADDRESS 744 COUNTRY ROAD 621 EAST | | | EAST | ſ | | | 2 3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | LAKE PLA | ACID FL 33852 | | DELETE | | 2. 4 CITY - | ST - ZIP | | | | | Change | e Addii | ion |
| TITLE | | | | ☐ pereie | - 1 | 3 1 TITLE 3.2 NAME | - | | · · | | | Orang | 6 <u> </u> RD011 | |
| NAME STREET ADDRESS | | | | | | | I ADDRESS | | | | | | | |
| CHTY-ST-Z-P | | | | | | 3 4. CITY- | | | | | | | | |
| TITLE | <u></u> | | | DELETE | | 4 1 TITLE | | | | | ., ., | Chang | e Addit | ion |
| NAME | ŀ | | | | 1 | 4. 2 NAME | | | • | | | | | |
| STREET ADDRESS | | | | | | 43 STREE | T ADDRESS | | | | | | | |
| CITY-SI-ZIP | | | | | | 4.4 CITY-1 | ST-ZIP | | | | | | | |
| TITLE | | | | DELETE | | 5.1 TITLE | 1 | | | | | Chang | je 🛄 Addit | חמו. |
| NAME | 1 | | | | | 5.2 NAME | | | | | | | | |
| STREET ADDRESS | | | | | | | T ADDRESS | | | | | | | |
| CITY-SI-ZIP | | | | DELETE | | 5.4 CITY-: 6.1 TITLE | ST-ZIP | | | | | ☐ Chang | e Addi | tion |
| THE | (| | | OLLUIL | | 6.2 NAME | | | | | | | | |
| NAME STREET ADDRESS | | | | | - 1 | | T ADDRESS | | | | | | | |
| CITY - ST - ZIP | | • | , | | | 6.4 CITY- | | | | | | | | |
| 14. Ldo here | by certify that | at the information sy | plied with this filir | ng does not qua | ify for | the ex | emotion sta | ated in | Section 119.07(3)(i), Florida | Statute | s. I further | certify th | nat the | the |
| I am an d | officer or dire | ctor of the our pratic | on or the receiver. | or trustee empo- | wered | l to exe | urate and t cute this re | mai my eport as | signature shall have the sar required by Chapter 607, F | orida S | a enectas Stat∪tes; a | nd that m | iy name | uicti |
| appears | in Block 12 d | or Block 13/11 change | ed, or on an attach | ment with an ac | idress | | 1 | | | | | ı | | |
| SIGNAT | IURF: | Wull | man | Jours | 44 | 14 | SheR | NAN | YOUMANS 1/2: | 3/9 | 7 9 | 41-40 | 65-681 | // |
| JIGHA | · • · · · · · | STONATURE AND TYP | ED OR PRINTED NAME | OF SIGNING OFFICE | R OR D | RECTOR | | ····· | Date | | De | aytime Phone | | _ |
| | | | - | | | | | | | | | 962 | 24331 | Į. |