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Mar 09, 1999 8:00 am Secretary of State

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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 # P9600004516

1. Corporation Name

ACE, SAND AND GRAVEL COMPANY

Principal Place of Business Mailing Address						
2770 NE PINEO		O NE PINECREST LAKES BLVD				
JENSEN BEACH US	1 FL 34957	JENSEN BEACH FL 34957 US			DO NOT WRITE IN THIS SPACE	
03		00				3. Date Incorporated or Qualifed
ļ						01/11/1996
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address			-4. FEI Number Applied For
21		26				59-3361325 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip				8. This corporation owes the current year Intangible
24	25					Personal Property Tax.
ļ <u> </u>	9. Name and Address of Curre	nt Registered Agent		24		10. Name and Address of New Registered Agent
JONES, MARYAGNES				81	Name	
2770 NE PINECREST LAKES BLVD			ŀ	82	Street Addr	ess (P.O. Box Number is Not Acceptable)
JENSEN BEACH FL 34957			1	_]		
JENGEN BEACH FL 34907				83		į
			-	84	City	FL 85 Zip Code
<u> </u>		00 1007 1500 51 111 01-11	45			
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	horized	by 1	the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE			_	_		
				Agent	t signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.			13.	_		ABBITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D IONEC MADVACNEC			-	Į.	· ·
NAME	CONCO, MARINIONEO		1.2 NA			
STREET ADDRESS	Erro (te timeorizat punta bero				ADDRESS	·
CITY-ST-ZIP			1.4 CIT		-ZIP	Change Addition
TITLE				2.1 TITLE		
NAME	001120; 0110 III/1011		2.2 NAM			į
STREET ADDRESS	Eligate Hiteather Built Dela				ADDRESS	
CITY-ST-ZIP			2 4 CIT		T-ZIP	☐ Change ☐ Addition
TITLE			3.1 T/TI			
NAME			3.2 NA			_
STREET ADDRESS			1	3.3 STREET ADDRESS		, in the second of the second
CITY-ST-ZIP		□ DELETE	3.4. CIT	_	T-ZIP	☐ Change ☐ Addition
I TITLE :		I DELETE	= 4 1 (1)	-	1	

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 chapted, or on an attachment with an address with all other like empowered.

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

4 4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

Change

☐ Addition

☐ Addition