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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT** #

P96,000016985

1. Corporation (4amo	
BLACKWATER MATERIALS COR	P.
Principal Place of Business	Mailing Address
6953 Main Street	P. O. Box 7126
Bagdad, Florida 32530	Milton, Florida 32540
Dagada, Fiorida Jejjo	11110011, F1011111 72740

FILED Mar 17 1997 8:00am Secretary of State

Fimicipal Flac	Je or business	Mailing Address					
	in Street	P. O. Box 71					
Bagdad,	Florida 32530	Milton, Flor:	ida 32	540			
				3. Date Incorporated or Qualified 3a. Date of Last Report 02/22/96			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	1/	pplied For
21		26 P. O. Draw	er 2349		59-3374569		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & Stat	le	City & State			6. Election Campaign Financing		May Be
23		28 Lake City,	FL		Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	у	8. This corporation has liability for i		s. 199.032,
24	25	29 32056	30 US			Yes KNo	
	9. Name and Address of Current	Registered Agent	81	T None	10. Name and Address of New Re	pistered Agent	
			81	Name			
	IS, JOHN E.		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
	MARION ST		83	ļ			
STE 3			03	'			
LAKE	CITY FL 32055		84	City		85 Zip	Code
dd Dusayaat	to the associations of Spotlane COZ OF OG	and CO7 15 Off Florido Ctat	doc the chair	in named said	proportion as begins this atstace of factly a		<u> </u>
office or a	registered agent, or both, in the State of am familiar with, and accept the obliga	nf Florida. Such channe was	: authorized 6	v the corpore	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing I the appointment as	its registered s registered
	ani tanililar with, and accept the obliga	itons or, section doz.cocs, r	ionga Statute	5.			
SIGNATURE	Signature Typed or printed name of registered agrain	1 and trie if applicable (NC	TE Registered Ag	ent signature requ	u red when reinstating)	DATE	
12,	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
TITLE	D	DELETE	1.1 TOLE			☐ Change	Addition
NAME	ANDERSON, JOE H JR		1.2 NAME				
STREET ADDRESS	HWY 349 N		1.3 STREE	I ADDRESS			
CITY-ST-ZIP	OLD TOWN FL 32680	····-	1.4 CHY-	ST - ZIP			·
TITLE	PD	☐ DELETE	2.1 Till E			L Change	Addition
NAME	ANDERSON, JOE H III	Ι	22 NAME	1			
STREET ADDRESS	HWY 349 N			1 ADDRESS			
CITY-ST-ZIP	-OLD-TOWN-FL-32680	DELETE	? 4 CITY-	ST- ZIP			
TITLE	VPD		317011			☐ Change	Addition
NAME	ANDERSON MARION DO	OGLIAD	3.2 NAME				
STREET ADDRESS	HWY 349 N	^		ADDRESS			
CITY-ST-ZIP TITLE	OLD TOWN, FL 3268	Q DELFTE	3.4 CHY-	51-711		Change	Addition
NAME	SD CULT DEDG COMMUTA D		4.7 HIGE 4.2 NAME	}		C Change	רבי אטטונוטוו
	CHILDERS CYNTHIA D.	ARLENE		I ADDRESS			
STREET ADDRESS CITY-S1-ZIP	HWY 349 N OLD TOWN FL 32680		4.4 CHY-5	i	2		
TITLE	TD TOWN 11 22000	DETLIE	5.130LE	4.4"		[_] Change	Addition
NAME	CHILDERS TIMOTHY LI	_	5.2 NAME	1	40000211		
STREET ADDRESS	HWY 349 N			ADDRESS	40000211 -03/17/970119	6037	
CHTY-ST-ZIP	OLD TOWN FL 32680		54 CHY-S		***165.00	- 4000/3	
TITLE	VPD	DILLE	61 7/11		一一一一一一一	☐ Change	Addition
NAME	WALL KEVIN ROLFE		62 NAME		() or xke	\
STREET ADDRESS	HWY 349 N		6.3 \$1REF	ADDRESS	(No of	`
CITY-ST-ZIP	OLD TOWN FIL 32680		6.4 CITY - S	31 - ZiP	·		
14. I do heret	by certily that the information supplied	with this filing does not qua	lify for the exe	mption state	ed in Section 119.07(3)(i), Florida Statutes	. I further a rtify that	the
l am an o appears i	of indicated of this armost report of so flicer or director of the corporation or in Block 12 or Block 13 if changed or	to receiver or trustee empo to an attachment with an ac	wored to executes.	u are and tha cute this repo	at my signature shall have the same legal firt as required by Chapter 607, Florida St	atutes; and that my	name

SIGNATURE: