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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000016985 (9) DOCUMENT #

BLACKWATER MATERIALS CORP.

Mailing Address Principal Place of Business POST OFFICE DRAWER 2349 6953 MAIN STREET BAGDAD FL 32530 LAKE CITY FL 32058 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/22/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3374569 Not Applicable 21 26 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 Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Zip Country Zip Personal Property Tax due June 30. 25 29 24 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name NORRIS, JOHN E 201 NO. MARION STREET STE 301 82 Street Address (P.O. Box Number is Not Acceptable) LAKE CITY FL 32055 83 84 City Zip Code 11. Pursuant to the provisions of Soctions 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 (NOTF: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE ANDERSON, JOE H JR 1.2 NAME NAME HWY 349 N STREET ADDRESS 1.3 STREET ADDRESS OLD TOWN FL 32680 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE ANDERSON, JOE H III NAME 2.2 NAME HWY 349 N 2.3 STREET ADDRESS STREET ADDRESS OLD TOWN FL 32680 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE ANDERSON, MARION D 3.2 NAME NAME HWY 349 N STREET ADDRESS 3.3 STREET ADDRESS OLD TOWN FL 32680 3.4. CITY - ST- ZIP CITY-ST-ZIP SD DELETE Change Addition TITLE 4.1 TITLE CHILDERS, CYNTHIA D 4. 2 NAME HWY 349 N STREET ADDRESS 4.3 STREET ADDRESS OLD TOWN FL 32680 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition CHILDERS, TIMOTHY L NAME 5.2 NAME HWY 349 N STREET ADDRESS **5.3 STREET ADDRESS** OLD TOWN FL 32680 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE WALL, KEVIN R

6.2 NAME

6.3 STREET ADDRESS

6.4 CHTY-ST-ZIP

14. Thereby 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

OLD TOWN FL 32680

Block 12 or Block 13 if changed, or on an attachment with an address.

HWY 349 N

NAME

STREET ADDRESS

CITY-ST-ZIP

2 halan

**FILED** 

Mar 20 1998 8:00am

Secretary of State