

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035311

1. Entity Name  
AMERICAN LIME & DOLOMITE, INC.Principal Place of Business  
885 HWY 71 SOUTH  
MARIANNA FL 32448Mailing Address  
885 HWY 71 SOUTH  
MARIANNA FL 324482. Principal Place of Business  
3. Mailing AddressSuite, Apt. #, etc.  
City & State

Zip Country Zip Country

FILED  
May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90088 035 \*\*\*150.00

84200



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3390190  
Applied For  
Not Applicable5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

MORRIS, CHARLES  
ROUTE 1, BOX 95  
CLARKSVILLE FL 32446

Name MORRIS, CHARLES C.

Street Address (P.O. Box Number is Not Acceptable)

11691 NW NEWSOME RD.

City CLARKSVILLE

FL Zip Code 32430

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.   
(See criteria on back)FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution  \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/00)

TITLE PD  Delete  
NAME MORRIS, CHARLES  
STREET ADDRESS RR 1, BOX 95  
CITY-ST-ZIP CLARKSVILLE FL 32430TITLE PD  Change  Addition  
NAME MORRIS, CHARLES C.  
STREET ADDRESS 11691 NW NEWSOME RD.  
CITY-ST-ZIP CLARKSVILLE, FL 32430TITLE VPD  Delete  
NAME MORRIS, CARY E  
STREET ADDRESS 2663 INDIAN SPRINGS RD  
CITY-ST-ZIP MARIANNA FL 32446TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(850) 762-8030

Daytime Phone #