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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102244 (6)

CRUSHING AND SCREENING, INC.

Principal Place of Business	Mailing Address				
1629 EXCALIBUR ORIVE CASSELBERRY FL 32707	1629 EXCALIBUR DRIVE CASSELBERRY FL 32707				
2. Principal Place of Business	2a. Mailing Address				

Feb 11 1998 8:00am Secretary of State



1629 EXCALIBUR DRIVE CASSELBERRY FL 32707 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23		1629 EXCALIBUR DRIVE CASSELBERRY FL 32707 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1996 4. FEI Number		
Zip 24	Country 25	Zip	F	У	8. This corporation owes or has paid the cur	rant year Intangible
24]	9. Name and Address of Curre	29 ont Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	
162	rron, Kenneth 29 Excalibur Drive Sselberry FL 32707		81 82 83	Street Add	dress (P.O. Box Number is Not Acceptable)	85 Zip Code
office or re agent. I as	egistered agent, or both, in the Stat in familiar with, and accept the oblig Signature bried or junted rame of register disc	e of Horida. Such change was galions of, Section 607.0505, f	s authorized b Florida Statute	y the corpor is.	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appropriate the purpose of the purpose of ation's board of directors. I hereby accept the appropriate purpose of the purpose of a purpose of the	ointment as registered
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRON, KENNETH 1629 EXCALIBUR DRIVE CASSELBERRY FL 32707	DETER	1.1 TITLE 1.2 NAME	T ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND	Change Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	21 TIFLE 22 NAME 23 STREE 2.4 City-	T ADDRESS		Change Additio
TITLE NAME STREET ADDRESS CITY-ST-21P		DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-	T ADDRESS ST-ZIP		Change Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME	T ADDRESS		Change Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DEL€1E	5.1 TITLE 5.2 NAME	T ADDRESS		Change Additio
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ D€LETE	6.1 TITLE 6.2 NAME	T ADDRESS		Change Additio

I hereby certify that the information supplied with this filling 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 suppliemental annual opport 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 opposes on the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in