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

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90039 017 ***150.00

DOCUMENT # P97000037293

1. Corporation Name
ANDERSON MATERIALS CO., INC.

Principal Place of Business	Mailing Address
2 GUERDON ROAD LAKE CITY FL 32055 US	P.O. BOX 1829 LAKE CITY FL 32056-1829 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/23/1997

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3444614 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NORRIS, JOHN E
201 N MARION ST
SUITE 301
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	BRIAN P SCHREIBER PRESIDENT	☒ Change ☐ Addition
NAME	FULKERSON, JOHN R.		1.2 NAME		
STREET ADDRESS	2 GUERDON RAOD		1.3 STREET ADDRESS	2 GUERDON RD	
CITY-ST-ZIP	LAKE CITY FL 32055		1.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STRICKLAND, EUGENE		2.2 NAME		
STREET ADDRESS	2 GUERDON ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32055		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHREIBER, BRIAN P.		3.2 NAME		
STREET ADDRESS	2 GUERDON ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32055		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE	SECRETARY.	☒ Change ☐ Addition
NAME	CHILDERS, CINDY A		4.2 NAME		
STREET ADDRESS	HWY 349 NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	OLD TOWN FL 32680		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, JOE H. JR.		5.2 NAME		
STREET ADDRESS	HWY 349 NORTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	OLD TOWN FL 32680		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, JOE H. III		6.2 NAME		
STREET ADDRESS	HWY 349 NORTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	OLD TOWN FL 32680		6.4 CITY-ST-ZIP		

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

SIGNATURE: SIGNATURE REQUIRED 3/12/99 (904) 752-7585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)