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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000055267 (3)

KEYSTONE MATERIALS, INC.

## FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2020 W. REMAYER STREET JACKSONVILLE FL 32209 11250-15 OLD ST. AUGUSTINE RDI JACKSONVILLE FL 32257 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1997 4. FEI Number 2. Principal Place of Business Applied For 2a, Mailing Address 11250-15 Old St. Augustine 8 Not Applicable 2020 \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & 6. Election Campaign Financing \$5.00 May Be 1-1 JACKSONVIlle Added to Fees 23 Trust Fund Contribution Zip Country 8. This corporation owes or has paid the current year Intangible Duval Duva Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LAYNE, RICK 11873 OLDE OAKS CT. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32223 83 City 84 Zip Code 85 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 Signature, typed or pential purpor of registered agent and tells if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DELETE Change 1.1 HILE TITLE NAME 1.2 NAME Bradley le Dr., Enst 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP JACKSONVILL FI 32215 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE Rick Layne 11873 Olde Oaks Ct NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-S1-ZIP CITY-ST-ZIP **Addition** DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE **6.1 TITLE** NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 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 of the reprivative or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter of units an incidence. Block 12 or Block 13 if change

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