

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

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000072712 (7)

1. Corporation Name

NEW PLAINS SAND FACTORY, INC.

Principal Place of Business

2927 S.E. 10TH AVENUE  
CAPE CORAL FL 33904

Mailing Address

2927 S.E. 10TH AVENUE  
CAPE CORAL FL 33904



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1997

4. FEI Number

65-0788727

Applied For  
Not Applicable

5. Certificate 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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SHENKO, WILLIAM E JR  
2801 ESTERO BLVD.  
SUITE C  
FORT MYERS BEACH FL 33931

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

X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME KEITH, RICHARD L  
STREET ADDRESS 1620 KINGSTON ROAD  
CITY-ST-ZIP LINCOLN NE 68506

TITLE D ☐ DELETE  
NAME KEITH, SHARON L  
STREET ADDRESS 1620 KINGSTON ROAD  
CITY-ST-ZIP LINCOLN NE 68506

TITLE D ☐ DELETE  
NAME ECKLUND, CAROL A  
STREET ADDRESS 2824 PONCA STREET  
CITY-ST-ZIP LINCOLN NE 68506

TITLE D ☐ DELETE  
NAME ECKLUND, JAMES P  
STREET ADDRESS 2824 PONCA STREET  
CITY-ST-ZIP LINCOLN NE 68506

TITLE D ☐ DELETE  
NAME WEERATNE, MARLIN  
STREET ADDRESS 1 KNOLLWOOD ROAD  
CITY-ST-ZIP PAXTON MA 68506

TITLE D ☐ DELETE  
NAME WEERATNE, KAMALIKA  
STREET ADDRESS 1 KNOLLWOOD ROAD  
CITY-ST-ZIP PAXTON MA 68506

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-98 (94) 458-5534  
Date Daytime Phone # 0422216

CR2E034 (10/97)