

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 19 1998 8:00am
Secretary of State

DOCUMENT # P97000075064 (0)

1. Corporation Name
KK AGGREGATES, INC.



Principal Place of Business
7745 WOOD DUCK DRIVE
BOCA RATON FL 33434

Mailing Address
7745 WOOD DUCK DRIVE
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 11199 POLO CLUB RD

Suite, Apt. #, etc.

22

City & State

23 WELLINGTON FL

Zip Country

24 33414 25 USA

2a. Mailing Address

27 11199 POLO CLUB RD

Suite, Apt. #, etc.

28

City & State

29 WELLINGTON FL

Zip Country

30 33414 31 USA

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

650424925

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$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

9. Name and Address of Current Registered Agent

STRAUB, GLENN
7745 WOOD DUCK DRIVE
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

CRAIG GALLC

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

11199 POLO CLUB RD

83

84 City

WELLINGTON FL

85 Zip Code

33414

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

Craig T. Galle

8/11/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME GLENN STRAUB
1.3 STREET ADDRESS 7745 WOOD DUCK DRIVE
1.4 CITY-ST-ZIP BOCA RATON FL 33434

2.1 TITLE SECRETARY ☐ Change ☒ Addition
2.2 NAME ROBERT SAMOL
2.3 STREET ADDRESS 11199 POLO CLUB RD
2.4 CITY-ST-ZIP WELLINGTON FL 33414

3.1 TITLE TREASURER ☐ Change ☒ Addition
3.2 NAME HAROLD SKINNER
3.3 STREET ADDRESS 11199 POLO CLUB RD
3.4 CITY-ST-ZIP WELLINGTON FL 33414

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

Craig T. Galle

8/11/98

CR2E034 (5/98)