

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

AMENDMENT

99 JUL 26 PM 1:08

DOCUMENT # P98000083936

1. Corporation Name
SUWANNEE AMERICAN CEMENT CO., INC.

Amended

Principal Place of Business
201 NORTH MARION STREET
SUITE 301
LAKE CITY FL 32055

Mailing Address
POST OFFICE DRAWER 2349
LAKE CITY FL 32056-2349

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a. Mailing Address
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
24	Zip	Country
25	Country	Zip
26		27
28		29
30		

3. Date Incorporated or Qualified	09/28/1998
4. FEI Number	59-3540547
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. Name and Address of Current Registered Agent

NORRIS, JOHN E
201 NORTH MARION STREET
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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NORRIS, JOHN E.	
STREET ADDRESS	201 N. MARION STREET, SUITE 301	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	NORRIS, GUY W.	
STREET ADDRESS	201 N. MARION STREET, SUITE 301	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	CREWS, DIANE A.	
STREET ADDRESS	201 N. MARION STREET, SUITE 301	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KOESTER, FRED W.	
1.3 STREET ADDRESS	P. O. BOX 410	
1.4 CITY-ST-ZIP	BRANFORD, FL 32008	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	YAGEL, CHARLES W.	
2.3 STREET ADDRESS	P. O. BOX 410	
2.4 CITY-ST-ZIP	BRANFORD, FL 32008	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NORRIS, JOHN E.	
3.3 STREET ADDRESS	201 N. MARION STREET, SUITE 301	
3.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANDERSON, JOE H. JR.	
4.3 STREET ADDRESS	HWY. 349 NORTH	
4.4 CITY-ST-ZIP	OLD TOWN, FL 32680	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800002952788--6	
5.3 STREET ADDRESS	-08/06/99--01067--016	
5.4 CITY-ST-ZIP	*****61.25 *****61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *John E. Norris*
John E. Norris, Secretary

7/23/99 904/752-7240

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