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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V28098 (4)
1. Corporation Name
SUWANNEE MATERIALS AND AGGREGATES, INC.



Principal Place of Business: HWY 49-260TH PLACE
BRANFORD FL 32008
US
Mailing Address: P.O. BOX 531
BRANFORD FL 32008-0531

3. Date Incorporated or Qualified: 04/09/1992
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3118323
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 has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

PERRY, LARRY E. JR.
RT 6 BOX 436-G
LAKE CITY FL 32025

10. Name and Address of New Registered Agent

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. Zip Code: FL 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 and type of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	
NAME	PERRY, LARRY E., JR.	1.2 NAME	
STREET ADDRESS	RT. 6, BOX 436 G	1.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE CITY FL	1.4 CITY- ST- ZIP	32025
P		2.1 TITLE	
NAME	PERRY, JOANNE T.	2.2 NAME	
STREET ADDRESS	RT 6 BOX 435-A	2.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE CITY FL	2.4 CITY- ST- ZIP	32025
V		3.1 TITLE	
NAME	PERRY, SONYA A.	3.2 NAME	
STREET ADDRESS	RT 6 BOX 435-A	3.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE CITY FL	3.4 CITY- ST- ZIP	32025
S		4.1 TITLE	
NAME	PERRY, LASHAUN F.	4.2 NAME	
STREET ADDRESS	RT 6 BOX 436G	4.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE CITY FL	4.4 CITY- ST- ZIP	32025
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY- ST- ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY- ST- ZIP	

14. I do 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: [Signature] 4-9-97 904-935-0561
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)