

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90537 025 ***150.00

DOCUMENT # V28098

1. Entity Name

SUWANNEE MATERIALS AND AGGREGATES, INC.



Principal Place of Business

RT 6 BOX 439-C
LAKE CITY FL 32025
US

Mailing Address

RT 6 BOX 439-C
LAKE CITY FL 32025
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 3478

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake City, Florida

Zip

Country

Zip

Country

32056 Columbia

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRY, JOANNE T.
ROUTE 6, BOX 439-C
LAKE CITY FL 32025

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
PERRY, JOANNE T.
RTE 6, BOX 439-C; P.O. BOX 3478
LAKE CITY FL 32025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-03 386-752-0121

CR2E034 (10/02)