

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000038838

**Entity Name:** AGGREGATE PRODUCTS, INC.

**Current Principal Place of Business:**

9678 SW SR 121  
LAKE BUTLER, FL 32054

**Current Mailing Address:**

P O BOX 506  
LAKE BUTLER, FL 32054

**FEI Number: 59-3580330**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DRIGGERS, CASSANDRA  
9678 SW SR 121  
LAKE BUTLER, FL 32054 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SHADD, JOHN L  
Address 9678 SW SR 121  
City-State-Zip: LAKE BUTLER FL 32054

Title VP  
Name DRIGGERS, CASSANDRA  
Address 9678 SW STATE ROAD 121  
City-State-Zip: LAKE BULTER FL 32054

Title SECRETARY  
Name WALL, CARITA  
Address 9678 SW STATE ROAD 121  
City-State-Zip: LAKE BUTLER FL 32054

Title OFFICER  
Name EMERY, CARISSA DRIGGERS  
Address PO BOX 506  
City-State-Zip: LAKE BUTLER FL 32054

Title OFFICER  
Name THOMAS, CAILEY  
Address PO BOX 506  
City-State-Zip: LAKE BUTLER FL 32054

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CARITA WALL**

**REGISTERED AGENT**

**04/18/2022**

Electronic Signature of Signing Officer/Director Detail

Date