

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 28 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 # 692802 (2)**  
1. Corporation Name  
**PACE SAND AND GRAVEL COMPANY, INC.**



Principal Place of Business: **P.O. BOX 395 CENTURY FL 32535**  
Mailing Address: **P.O. BOX 395 CENTURY FL 32535-0395**

3. Date Incorporated or Qualified: **06/30/1981**  
3a. Date of Last Report: **01/30/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2101090</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25	29	30

**9. Name and Address of Current Registered Agent**

**DE VORE, LORINE  
1641 MOLINO ROAD  
CANTONMENT FL 32533**

**10. Name and Address of New Registered Agent**

81 Name: **DE VORE, LORINE**  
82 Street Address (P.O. Box Number is Not Acceptable): **1641 MOLINO ROAD**  
83 **MOLINO, FLORIDA 32577**  
84 City: **FL** 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:

Signature of agent, officer, director, or 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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GODWIN, MICHAEL D</b>	
STREET ADDRESS	<b>RT 5, BOX 370-A</b>	
CITY - ST - ZIP	<b>BREWTON AL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RAINES, MARILYN J</b>	
STREET ADDRESS	<b>109 GEORGIA LANE</b>	
CITY - ST - ZIP	<b>BREWTON AL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, BETTY L</b>	
STREET ADDRESS	<b>107 GEORGIA LANE</b>	
CITY - ST - ZIP	<b>BREWTON AL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GODWIN, MICHAEL D.</b>
1.3 STREET ADDRESS	<b>2478 DOUGLAS AVE.</b>
1.4 CITY - ST - ZIP	<b>BREWTON, ALABAMA 36426</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>RAINES, MARILYN J.</b>
2.3 STREET ADDRESS	<b>636 GEORGIA LANE</b>
2.4 CITY - ST - ZIP	<b>BREWTON, ALABAMA 36426</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JOHNSON, BETTY L.</b>
3.3 STREET ADDRESS	<b>674 GEORGIA LANE</b>
3.4 CITY - ST - ZIP	<b>BREWTON, ALABAMA 36426</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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: *Betty L. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97 334-867-5658  
Date Daytime Phone #

CR2E034 (9/96)