

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L12376** (4)
1. Corporation Name
PLAZA MATERIALS CORPORATION



Principal Place of Business

**7151 UNIVERSITY BLVD.
WINTER PARK FL 32792**

Mailing Address

**7151 UNIVERSITY BLVD.
WINTER PARK FL 32792**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LONGMUIR, LAWRENCE B.
7151 UNIVERSITY BLVD.
WINTER PARK FL 32792**

3. Date Incorporated or Qualified

08/30/1989

3a. Date of Last Report

03/02/1995

4. FEI Number

59-2969058

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81. Name

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

83.

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 typed or printed name of registered agent and firm if applicable

(If NE, Registered Agent Signature required when not stated)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PETRILLO, CARL E.	
STREET ADDRESS	7151 UNIVERSITY BLVD.	
CITY- ST- ZIP	WINTER PARK FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MITCHELL, THEODORE M.	
STREET ADDRESS	7151 UNIVERSITY BLVD.	
CITY- ST- ZIP	WINTER PARK, FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LONGMUIR, LAWRENCE B	
STREET ADDRESS	7151 UNIVERSITY BLVD.	
CITY- ST- ZIP	WINTER PARK FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCGINN, PAULINE	
STREET ADDRESS	7151 UNIVERSITY BLVD.	
CITY- ST- ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
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	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	R. Marcus Jobes	
5.3 STREET ADDRESS	7151 University Boulevard	
5.4 CITY- ST- ZIP	Winter Park, FL 32792	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lawrence B. Longmuir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence B. Longmuir 3-26-96 407-677-6555

Date: Daytime Phone:

CR2E034 (12/95)