

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # **296097** (9)

95 MAR -7 PM 1:50

1. Corporation Name

LINDSLEY PAVING COMPANY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1338 E 2ND AVE
MOUNT DORA FL 32757

Mailing Address

1338 E 2ND AVE
MOUNT DORA FL 32757

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/23/1965

3a. Date of Last Report

04/05/1994

4. FEI Number

59-1104506

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

2. Principal Place of Business

21

Suits, Apt. #, etc.

22

City & State

24

Zip

Country

25

2a. Mailing Address

26

Suits, Apt. #, etc.

27

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

LINDSLEY SR, HUGH B
1338 E 2ND AVE
MT DORA FL 32757

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

Corporate typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when certifying)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV
NAME	LINDSLEY JR, HUGH B
STREET ADDRESS	2 NILES AVE
CITY - ST - ZIP	MT DORA, FL 00000
TITLE	PD
NAME	LINDSLEY, HUGH B
STREET ADDRESS	1338 E 2ND AVE
CITY - ST - ZIP	MT DORA, FL 00000
TITLE	DST
NAME	FLYNN, CHRYL LINDSLEY
STREET ADDRESS	605 CENTER STREET
CITY - ST - ZIP	MT DORA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 change is for an attachment with an address.

SIGNATURE:

Cheryl Lindsley Flynn
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRYL LINDSLEY FLYNN

3/2/95

904-383-3066