

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 296097 (9)
 1. Corporation Name
LINDSLEY PAVING COMPANY, INC.

Principal Place of Business 1338 E 2ND AVE MOUNT DORA FL 32757	Mailing Address 1338 E 2ND AVE MOUNT DORA FL 32757
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 605 Center Street		26 PO Box 204		08/23/1965	
22 Suite, Apt. #, etc.		27 MT. DORA, FL		4. FEI Number	
23 Mount Dora FL		28 MT. DORA, FL		59-1104506	
24 32756		25 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 32756		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LINDSLEY SR, HUGH B 1338 E 2ND AVE MT DORA FL 32757				61 Name Cheryl Lindsley Flynn			
				62 Street Address (P.O. Box Number is Not Acceptable) 605 Center Street			
				63 PO Box 204			
				64 City MT. DORA FL 85 Zip Code 32757			

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 **Cheryl Lindsley Flynn VP Sec Treas** **Cheryl Lindsley Flynn VP Sec Treas** 3/9/98
 Signature, by name or printed name of 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	DV <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSLEY JR, HUGH B	1.2 NAME	
STREET ADDRESS	2 NILES AVE	1.3 STREET ADDRESS	21024 NILES AVE
CITY-ST-ZIP	MT DORA, FL 00000	1.4 CITY-ST-ZIP	MT. DORA, FL 32757
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSLEY, HUGH B	2.2 NAME	
STREET ADDRESS	1338 E 2ND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MT DORA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	DVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, CHRYL LINDSLEY	3.2 NAME	
STREET ADDRESS	605 CENTER STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: **Cheryl Lindsley Flynn VP Sec Treas** 4/7/98 (352) 383-7066

CR2E034 (10/97)