

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 9:17

DOCUMENT # **325859** (7)
1. Corporation Name
HALIFAX PAVING, INC.

Principal Place of Business Mailing Address
P.O. BOX 11349 P.O. BOX 11349
POST OFFICE BOX 11349 POST OFFICE BOX 11349
DAYTONA BEACH FL 32120 DAYTONA BEACH FL 32120

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/31/1968 **01/21/1994**

4. FEI Number Applied For
59-1233559 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

7. This corporation has liability for emergency tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **860 Hull Road** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Ormond Beach, FL** 28
City & State
24 **32174** 25 **Volusia** 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DURRANCE, LEONARD
538 BRENTWOOD DR.
DAYTONA BEACH FL 32117

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 title if applicable)

(631) Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	DAVIS, JAMES E
STREET ADDRESS	522 MOONRISE DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32019
TITLE	D
NAME	DURRANCE, ALMA
STREET ADDRESS	1247 WOODLAND TR
CITY-ST-ZIP	ORMOND BCH FL
TITLE	STD
NAME	DURRANCE, LEONARD C
STREET ADDRESS	1249 WOODLAND TRAIL
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	PD
NAME	DURRANCE, THOMAS L
STREET ADDRESS	471 AIRPORT ROAD
CITY-ST-ZIP	ORMOND BEACH, FL 00000
TITLE	CD
NAME	DURRANCE, LEONARD
STREET ADDRESS	538 BRENTWOOD DR.
CITY-ST-ZIP	DAYTONA BEACH, FL 00000
TITLE	V
NAME	BLAIR, STEVEN S.
STREET ADDRESS	2511 LIPIZZAN TR
CITY-ST-ZIP	ORMOND BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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: *Leonard C. Durrance, Secretary* 5/30/95 901-476-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE