

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



Principal Place of Business: **860 HULL ROAD  
POST OFFICE BOX 11349  
ORMOND BEACH FL 32174  
US**  
Mailing Address: **P.O. BOX 11349  
POST OFFICE BOX 11349  
DAYTONA BEACH FL 32120**

3. Date Incorporated or Qualified: **01/31/1968**  
3a. Date of Last Report: **06/12/1995**  
4. FEI Number: **59-1233559**  
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**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**DURRANCE, LEONARD  
538 BRENTWOOD DR.  
DAYTONA BEACH FL 32117**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>VD</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>DAVIS, JAMES E</b>		1.2 NAME:	
STREET ADDRESS: <b>522 MOONRISE DRIVE</b>		1.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>PORT ORANGE, FL 32019</b>		1.4 CITY-ST-ZIP: <b>32119</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: <b>DURRANCE, ALMA</b>		2.2 NAME:	
STREET ADDRESS: <b>1247 WOODLAND TR</b>		2.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>ORMOND BCH FL</b>		2.4 CITY-ST-ZIP: <b>32174</b>	
TITLE: <b>STD</b>	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: <b>DURRANCE, LEONARD C</b>		3.2 NAME:	
STREET ADDRESS: <b>1249 WOODLAND TRAIL</b>		3.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>ORMOND BEACH FL</b>		3.4 CITY-ST-ZIP: <b>32174</b>	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: <b>DURRANCE, THOMAS L</b>		4.2 NAME:	
STREET ADDRESS: <b>471 AIRPORT ROAD</b>		4.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>ORMOND BEACH, FL 00000</b>		4.4 CITY-ST-ZIP: <b>32174</b>	
TITLE: <b>CD</b>	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: <b>DURRANCE, LEONARD</b>		5.2 NAME:	
STREET ADDRESS: <b>538 BRENTWOOD DR.</b>		5.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>DAYTONA BEACH, FL 00000</b>		5.4 CITY-ST-ZIP: <b>32117</b>	
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: <b>BLAIR, STEVEN S.</b>		6.2 NAME:	
STREET ADDRESS: <b>2511 LIPIZZAN TR</b>		6.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>ORMOND BCH FL</b>		6.4 CITY-ST-ZIP: <b>32174</b>	

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: Leonard C. Durrance Secretary 1/18/96 904-676-0200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)