

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

**FILED**  
**Mar 11 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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 32120-1349~~

3. Date Incorporated or Qualified <b>01/31/1968</b>	3a. Date of Last Report <b>03/11/1996</b>
4. FEI Number <b>59-1233559</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>P.O. Box 730549</b>
22 City & State	27
23 City & State	28 <b>Ormond Beach, FL</b>
24 Zip	29 <b>32173</b>
25 Country	30 <b>USA</b>

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
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <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	D <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	STD <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	PD <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	CD <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	V <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 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: *Leonard C. Durrance* **LEONARD C. DURRANCE** **2/19/97** **904-676-0200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)