


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

**FILED**

**Jan 28 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 325859 (7)**  
 1. Corporation Name  
**HALIFAX PAVING, INC.**



Principal Place of Business 860 HULL ROAD ORMOND BEACH FL 32174 US	Mailing Address P O BOX 730549 ORMOND BCH FL 32173 US
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>01/31/1968</b>
4. FEI Number <b>59-1233559</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**g. 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

**FL**

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**

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	EX.V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AARON L. Watson	
1.3 STREET ADDRESS	424 Timber Creek	
1.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	32174	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	32174	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	32174	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	32117	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	32174	

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: *Leonard C. Durran* **RECEIVED** Dec/Tras 1/16/98 904-676-0200

CR2E034 (10/97)