

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90095 003 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 325859

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**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **01/31/1968**
 4. FEI Number: **59-1233559** Applied For: 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**
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

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	VD <input type="checkbox"/> DELETE	1.1 TITLE	Ex. V. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, JAMES E	1.2 NAME	AARON L. WATSON
STREET ADDRESS	522 MOONRISE DRIVE	1.3 STREET ADDRESS	424 Timber Creek
CITY-ST-ZIP	PORT ORANGE, FL 32019	1.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURRANCE, ALMA	2.2 NAME	
STREET ADDRESS	1247 WOODLAND TR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL 32174	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURRANCE, LEONARD C	3.2 NAME	
STREET ADDRESS	1249 WOODLAND TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURRANCE, THOMAS L	4.2 NAME	
STREET ADDRESS	471 AIRPORT ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 00000 32174	4.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURRANCE, LEONARD	5.2 NAME	
STREET ADDRESS	538 BRENTWOOD DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 00000 32117	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, STEVEN S.	6.2 NAME	
STREET ADDRESS	2511 LIPIZZAN TR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL 32174	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, with all other like empowered.

SIGNATURE: Leonard C. Durrance 1/20/99 904-676-0200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)