

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90037 043 ***163.75

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| DOCUMENT # 325859 | |
| 1. Entity 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 32173-0549 US |
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 59-1233559 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|---|--|--|-------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| DURRANCE, LEONARD 538 BRENTWOOD DR. DAYTONA BEACH FL 32117 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|--|---|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|---|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---------------------------------|--|---|--|--|
| TITLE VD | <input type="checkbox"/> Delete | TITLE EV | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | |
| NAME DAVIS, JAMES E | | NAME AARON L. Watson | | | |
| STREET ADDRESS 522 MOONRISE DRIVE | | STREET ADDRESS 424 N. Timber Creek | | | |
| CITY-ST-ZIP PORT ORANGE, FL 32019 | | CITY-ST-ZIP Ormond Beach, FL 32174 | | | |
| TITLE D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME DURRANCE, ALMA | | NAME | | | |
| STREET ADDRESS 1247 WOODLAND TR | | STREET ADDRESS | | | |
| CITY-ST-ZIP ORMOND BCH FL 32174 | | CITY-ST-ZIP | | | |
| TITLE D | <input type="checkbox"/> Delete | TITLE DST | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME DURRANCE, LEONARD C | | NAME Secretary/Treasurer | | | |
| STREET ADDRESS 1249 WOODLAND TRAIL | | STREET ADDRESS | | | |
| CITY-ST-ZIP ORMOND BEACH FL 32174 | | CITY-ST-ZIP | | | |
| TITLE PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME DURRANCE, THOMAS L | | NAME | | | |
| STREET ADDRESS 471 AIRPORT ROAD | | STREET ADDRESS | | | |
| CITY-ST-ZIP ORMOND BEACH, FL 00000 32174 | | CITY-ST-ZIP | | | |
| TITLE CD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME DURRANCE, LEONARD | | NAME | | | |
| STREET ADDRESS 538 BRENTWOOD DR. | | STREET ADDRESS | | | |
| CITY-ST-ZIP DAYTONA BEACH, FL 00000 32117 | | CITY-ST-ZIP | | | |
| TITLE V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME BLAIR, STEVEN S. | | NAME | | | |
| STREET ADDRESS 2511 LIPIZZAN TR | | STREET ADDRESS | | | |
| CITY-ST-ZIP ORMOND BCH FL 32174 | | CITY-ST-ZIP | | | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leonard C. Durranca Sec/Treas 3/21/00 904-676-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)