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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 07, 1999 8:00 am
Secretary of State
04-07-1999 90117 010 ***150.00

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DOCUMENT # 668097

1. Corporation Name
CAPITAL ASPHALT, INC.

Principal Place of Business	Mailing Address
800 AENON CHURCH ROAD TALLAHASSEE FL 32304	800 AENON CHURCH ROAD TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/28/1980

4. FEI Number: 59-2270011 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

2. Principal Place of Business	2a. Mailing Address
21 1300 Aenon Church Rd.	26 1300 Aenon Church Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL.
Zip 24 32304 Country 25 USA	Zip 29 32304 Country 30 USA

9. Name and Address of Current Registered Agent

WHITE, ESQ., MARLON
LEWIS & WHITE, L.C.
216 W. COLLEGE AVE. #201
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	DEL VALLE, JORGE		1.2 NAME	Edward M. Mitchell, Jr.	
STREET ADDRESS	9619 FOUNTAINBLEU BLVD. #612		1.3 STREET ADDRESS	3536 N. Meridian Rd.	
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP	Tallahassee, FL. 32312	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, MARLOW		2.2 NAME		
STREET ADDRESS	216 W. COLLEGE AVE. #201		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: [signature] REQUIRED 3/30/99 (850)574-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #