

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

| | | |
|---|---|--|
| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortman Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10: 01

DOCUMENT # 700198 (5)

1. Corporation Name
ASPHALT CONTRACTORS ASSOCIATION OF FLORIDA, INC.

| | |
|--|--|
| Principal Place of Business 1007 E. DESOTO PARK DR. (32301) P.O. BOX 12549 TALLAHASSEE FL 32317 | Mailing Address 1007 E. DESOTO PARK DR. (32301) P.O. BOX 12549 TALLAHASSEE FL 32317 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/30/1959 | 3a. Date of Last Report 02/04/1994 |
| 4. FEI Number 59-0809672 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Deared <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 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 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent

LANCE, CARROLL
1007 E. DESOTO PARK DR.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------|---|--|
| TITLE | TD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EVANS, WAYNE | 1.2 NAME | |
| STREET ADDRESS | 1036 LEE RD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | WINTER PARK FL | 1.4 CITY - ST - ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHELLGREN, JON | 2.2 NAME | |
| STREET ADDRESS | 2501 NW 48TH ST | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | POMPANO BEACH FL | 2.4 CITY - ST - ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRAGGS, THOMAS J | 3.2 NAME | |
| STREET ADDRESS | 4101 NE 35TH ST | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | OCALA FL | 3.4 CITY - ST - ZIP | |
| TITLE | PD | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTIN, ROBERT | 4.2 NAME | |
| STREET ADDRESS | 1617 S. NOVA RD. | 4.3 STREET ADDRESS | 1801 SOUTH NOVA ROAD |
| CITY - ST - ZIP | DAYTONA BCH FL | 4.4 CITY - ST - ZIP | SOUTH DAYTONA, FL |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOLLIE, DON | 5.2 NAME | |
| STREET ADDRESS | 7402 N 56TH ST | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMPA FL | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert D. Martin Robert D. Martin JANUARY 25, 1995 (904) 222-7300

(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)