

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: 11/30/1959  
3a. Date of Last Report: 01/30/1995  
4. FEI Number: 59-0809672  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	EVANS, WAYNE	
STREET ADDRESS	1036 LEE RD	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHELLGREN, JON	
STREET ADDRESS	2501 NW 48TH ST	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Craggs, THOMAS J	
STREET ADDRESS	4101 NE 35TH ST	
CITY - ST - ZIP	OCALA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTIN, ROBERT	
STREET ADDRESS	1801 SOUTH NOVA ROAD	
CITY - ST - ZIP	SOUTH DAYTONA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOLLIE, DON	
STREET ADDRESS	7402 N 56TH ST	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	XXX Change <input type="checkbox"/> Addition
1.2 NAME	Evans, Wayne	
1.3 STREET ADDRESS	1036 Lee Rd.	
1.4 CITY - ST - ZIP	Winter Park, FL	
2.1 TITLE	PD	XXX Change <input type="checkbox"/> Addition
2.2 NAME	Chellgren, Jon	
2.3 STREET ADDRESS	2501 NW 48th St	
2.4 CITY - ST - ZIP	Pompano Beach, FL	
3.1 TITLE	TD	XXX Change <input type="checkbox"/> Addition
3.2 NAME	Craggs, Thomas J	
3.3 STREET ADDRESS	4101 NE 35th St	
3.4 CITY - ST - ZIP	Ocala, FL	
4.1 TITLE	D	XXX Change <input type="checkbox"/> Addition
4.2 NAME	Martin, Robert	
4.3 STREET ADDRESS	1801 South Nova Road	
4.4 CITY - ST - ZIP	South Daytona, FL	
5.1 TITLE	SD	XXX Change <input type="checkbox"/> Addition
5.2 NAME	Roza, Denis	
5.3 STREET ADDRESS	14860 Six Mile Cypress Parkway	
5.4 CITY - ST - ZIP	Ft. Myers, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Thomas J. Craggs, Jr. February 9, 1996  
Treasurer & Director

CR2E037 (12/95)