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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
1007 E. DESOTO PARK DR. (32301) 1007 E. DESOTO PARK DR. (32301)
P.O. BOX 12343 P.O. BOX 12343
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-0540

3. Date Incorporated or Qualified 11/30/1959 3a. Date of Last Report 02/14/1996
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 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 32301 Country 28 Zip 32301 Country
24 25 29 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 James M. Warren
82 Street Address (P.O. Box Number is Not Acceptable) 1007 E. DeSoto Park Drive
83 Tallahassee
84 City FL 85 Zip Code 32301

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 *James M. Warren* James M. Warren, Executive Director DATE 2-13-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE VD XXX DELETE
NAME EVANS, WAYNE
STREET ADDRESS 1036 LEE RD
CITY-ST-ZIP WINTER PARK FL
TITLE PD DELETE
NAME CHELLGREN, JON
STREET ADDRESS 2501 NW 48TH ST
CITY-ST-ZIP POMPANO BCH FL
TITLE TD DELETE
NAME CRAGGS, THOMAS J
STREET ADDRESS 4101 NE 35TH ST
CITY-ST-ZIP OCALA FL
TITLE D DELETE
NAME MARTIN, ROBERT
STREET ADDRESS 1801 SOUTH NOVA ROAD
CITY-ST-ZIP SOUTH DAYTONA FL
TITLE SD DELETE
NAME ROZA, DENIS
STREET ADDRESS 14860 SIX MILE CYPRESS PKWY
CITY-ST-ZIP FT MYERS FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE VD Change Addition
1.2 NAME Craggs, Thomas J.
1.3 STREET ADDRESS 4101 NE 35th Street
1.4 CITY-ST-ZIP Ocala, FL
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE TD Change Addition
3.2 NAME Roza, Denis
3.3 STREET ADDRESS 14860 Six Mile Cypress Parkway
3.4 CITY-ST-ZIP Ft. Myer, FL
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE SD Change Addition
5.2 NAME Whitehurst, William
5.3 STREET ADDRESS 20551 NE 75th Street
5.4 CITY-ST-ZIP Williston, FL
6.1 TITLE Change 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *James M. Warren* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 2/10/97

CR2E037 (9/96)