


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

FILED
 Sep 24 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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) TALLAHASSEE FL 32317 US
 Mailing Address: 1007 E. DESOTO PARK DR. (32301) TALLAHASSEE FL 32317 US

3. Date Incorporated or Qualified: 11/30/1959
 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
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
 WARREN, JAMES M.
 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 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	SD	<input type="checkbox"/> DELETE
NAME	WHITEHURST, WILLIAM	
STREET ADDRESS	20551 NE 75TH STREET	
CITY-ST-ZIP	WILLISTON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHELLGREN, JON	
STREET ADDRESS	2501 NW 48TH ST	
CITY-ST-ZIP	POMPAÑO BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Craggs, THOMAS J	
STREET ADDRESS	4101 NE 35TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, ROBERT	
STREET ADDRESS	1801 SOUTH NOVA ROAD	
CITY-ST-ZIP	SOUTH DAYTONA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROZA, DENIS	
STREET ADDRESS	14860 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Whitehurst, William	
1.3 STREET ADDRESS	20551 NE 75th St.	
1.4 CITY-ST-ZIP	Williston, FL 32696	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jon Chellgren	
2.3 STREET ADDRESS	2501 NW 43th St.	
2.4 CITY-ST-ZIP	Pompano Beach, FL 33073	
3.1 TITLE	PD	<input checked="" type="checkbox"/> 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 34479	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bonness III, Joe	
4.3 STREET ADDRESS	P.O. Box 9979 5590 Shirley St.	
4.4 CITY-ST-ZIP	Naples, FL 33941 Naples, FL 34109	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Roza, Denis	
5.3 STREET ADDRESS	14860 Six Mile Cypress Pkwy	
5.4 CITY-ST-ZIP	Ft. Myers, FL 33912	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400002650114	
6.3 STREET ADDRESS	-09/28/98--01068--032	
6.4 CITY-ST-ZIP	***61.25	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: 8/14/98 Daytime Phone #: 222 7300

CR2E037 (5/98)