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Feb 09, 1999 8:00am
Secretary of State

02-09-1999 90006 017 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700198

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/30/1959
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0809672
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 *[Signature]* DATE *1/18/99*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD <input type="checkbox"/> DELETE
NAME	WHITEHURST, WILLIAM
STREET ADDRESS	20551 NE 75TH STREET
CITY-ST-ZIP	WILLISTON FL 32696
TITLE	D <input type="checkbox"/> DELETE
NAME	CHELLGREN, JON
STREET ADDRESS	2501 NW 48TH ST
CITY-ST-ZIP	POMPANO BCH FL 33073
TITLE	PD <input type="checkbox"/> DELETE
NAME	CRAGGS, THOMAS J
STREET ADDRESS	4101 NE 35TH ST
CITY-ST-ZIP	OCALA FL 34479
TITLE	SD <input type="checkbox"/> DELETE
NAME	BONNESS, JOE III
STREET ADDRESS	5590 SHIRLEY ST.
CITY-ST-ZIP	NAPLES FL 33491
TITLE	VD <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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
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 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, with all other like empowered.

SIGNATURE *[Signature]* SIGNATURE REQUIRED *1/18/99* 850-222-7300
Signature and typed or printed name of signing officer or director Date Daytime Phone #

1/18/99 CR2E037 (1/98)