


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90111 016 \*\*\*\*61.25

**DOCUMENT # 700198**

1. Entity Name  
**ASPHALT CONTRACTORS ASSOCIATION OF FLORIDA, INC.**



Principal Place of Business      Mailing Address

**1007 E. DESOTO PARK DR. (32301)  
TALLAHASSEE FL 32301  
US**

**1007 E. DESOTO PARK DR. (32301)  
TALLAHASSEE FL 32301  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0809672**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

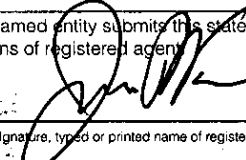
**WARREN, JAMES M.  
1007 E. DESOTO PARK DR.  
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE       DATE **4/4/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITEHURST, WILLIAM</b> <b>20551 NE 75TH STREET</b> <b>WILLISTON FL 32696</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Chuck Roberts, III</b> <b>22574 NE State Road 20</b> <b>Hosford, FL 32334</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHELLGREN, JON</b> <b>2501 NW 48TH ST</b> <b>POMPANO BCH FL 33073</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Robert Nolen</b> <b>110 CR 470</b> <b>Okahumpka, FL 34762</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BONNESS, JOE III</b> <b>5590 SHIRLEY ST.</b> <b>NAPLES FL 33491</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Larry Dale</b> <b>3340 SE Dixie Hwy</b> <b>Stuart, FL 34997</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>EVANS, WAYNE</b> <b>1936 LEE ROAD</b> <b>WINTER PARK FL 32789</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Ignacio Halley</b> <b>14005 N.W. 186 St.</b> <b>Hialeah, FL 33018</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DONOFRIO, DAVE</b> <b>1451 MYRTLE STREET</b> <b>SARASOTA FL 34234</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HORAN, MIKE</b> <b>510 GENE GREEN ROAD</b> <b>NOKOMIS FL 34275-3624</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:       SIGNATURE REQUIRED      **4/4/03**      **850-222-7300**

CPRE037 (10/02)