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PROFIT CORPORATION ANNUAL REPORT 1996				3. Mortham ry of State	Mortham of State					
DOCUMENT # H09055 (5)										
•	ACGINLEY PAVING, INC.		• •							
Q-11- II	iodiaeet Patrid, 1140.									
Principal Place of Business Mairing Address									HI EIDII JIDII DI	ali dibil ibbi
5050 EDWARDS STREET 5050 EDWARDS STREET JACKSONVILLE FL 32227 JACKSONVILLE FL 32227										
						3.	Date Incorporated or Qualified	1	of Last Repo	
2. Principal Pla	ice of Business	2a. Mailir	ng Address			4.	06/21/1984 FEI Number	<u></u>	2/28/1995	plied For
21		26					59-2487961			t Applicable
Suite, Apt. #	***	Suite 27	, Apt. #. etc.			5.	Certificate of Status Desired		\$8.75 A Fee Re	
City & State		Oity 8	3 State			6.	Election Campaign Financing Trust Fund Contribution		\$5.00	
Z _I p	Country	Zip		Country		8.	This corporation has liability fo		Added to x under s 19	
24	9. Name and Address of Curre	29 ent Registered	Agent	30		10.	Florida Statutes Ye Name and Address of New	s ∏No Registered	Agent	
5050 EE JACKSO	ey, gary r Dwards Street Dnville fl 32227			82 83 84	City		O. Box Number is Not Accepta	FL	85 Zip C	
familiar with	o the provisions of Sections 607.050 od agent, or both, in the State of Flo- n, and accept the obligations of, Sec	92 and 607,1508 ridal Such chang thon 607,0505, 1	i, Florida Statutes ge was authorized Florida Statutes.	, the above r Lby the corpo	amed corpo bration's boa	oration s ard of di	ubmits this statement for the purectors. Thereby accept the ap-	irpose of cha pointment as	nging its regi registered ag	stered office jent. I am
SIGNATURE _	Signature, typed or printed name of registers taggs	mand to trace or alph	(401)	Begistence Agen	l Signature respon	eo when re	nersling)	DATE		
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	IN 12
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63 SIGEET ADDRESS
64 CITY-S1-ZIP

14. I do hereby certify that the information supplied with this filling 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 logal effect as if made under oath; that I am an officer or director of the corporation of The receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE:

Gary McGinley

4-2-96 (904) 786-8605

4-2-96 (904) 786-8605

CR2E034 (12/95)