## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

**19**98

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 04 1998 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400007846 (6)

PAVEMENT MAINTENANCE, INC.

Principal Place of Business Mailing Address -699 HIGH COTTON-LARE -POST-OFFICE-DRAWER 618 C/O RICHARD W. WINESETT POST OFFICE DRAWER 610 DO NOT WRITE IN THIS SPACE FT. MYERS FL 33902 MYERS FL 33902 3. Date Incorporated or Qualified 01/19/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 65-0461510 21 899 High Cotton Lane 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Fort Myers, FLTrust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 33905 Personal Property Tax due June 30. Lee 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WINESETT, RICHARD W 2248 FIRST ST. 82 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33901 83 Zip Code RΔ City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typnd or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. Change Addition DELETE TITLE 1.1 TBLE **SKABAR, RONALD O** 1.2 NAME NAME 107 SW 51ST TERRACE 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE **SUSTERSIC, THOMAS** 2.2 NAME NAME **8795 TALL TIMBERS** 2.3 STREET ADDRESS STREET ADDRESS **RICHFIELD OH** 2. 4 CITY - ST - ZIP CITY - ST - ZIP \_\_\_ Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- 2IP CITY-ST-ZIP \_\_\_ Addition Change DELETE TITLE 4.1 TITLE NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE NAME 5.2 NAME **53 STREET ADDRESS** STREET ADDRESS

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

54 CITY-ST-ZIP

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

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE