


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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90003 011 ***476.25

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L30483**

1. Corporation Name

ADVANCED SITE AND PAVING, INC.



Principal Place of Business 1973 CORPORATE SQ DR #100 LONGWOOD FL 32750 US	Mailing Address 611 NORTH WINTER PARK CASSELBERRY FL 32707
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1971 B Corporate Sq Dr Suite, Apt. #, etc.		2a. Mailing Address 26 2096 Marquette Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/15/1989	
22 City & State 23 Longwood FL Zip Country 24 32750 25 US		27 City & State 28 Sanford FL Zip Country 29 32773 30 US		4. FEI Number 59-2996188 Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GLASPEY, DEBBIE A. 611 NORTH WINTER PARK DR. CASSELBERRY FL 32707				10. Name and Address of New Registered Agent 81 Name Debbie A Glaspey 82 Street Address (P.O. Box Number is Not Acceptable) 2096 Marquette Ave 83 Sanford FL 84 City FL 85 Zip Code 32773			
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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 Debbie A Glaspey Debbie A Glaspey 4/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLASPEY, BRUCE A.			1.2 NAME			
STREET ADDRESS	611 NORTH WINTER PARK DR.			1.3 STREET ADDRESS	2096 Marquette Ave		
CITY-ST-ZIP	CASSELBERRY FL 32707			1.4 CITY-ST-ZIP	Sanford, FL 32773		
TITLE	DSTV	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLASPEY, DEBBIE A.			2.2 NAME			
STREET ADDRESS	611 NORTH WINTER PARK DR.			2.3 STREET ADDRESS	2096 Marquette Ave		
CITY-ST-ZIP	CASSELBERRY FL 32707			2.4 CITY-ST-ZIP	Sanford, FL 32773		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
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 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, with all other like empowered.

SIGNATURE: Debbie A Glaspey Debbie A Glaspey 4-29-99 407-260-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)