

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 325859

Entity Name: HALIFAX PAVING, INC.

Current Principal Place of Business:

814 HULL ROAD
ORMOND BEACH, FL 32174

Current Mailing Address:

P O BOX 730549
ORMOND BCH, FL 32173 US

FEI Number: 59-1233559

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DURRANCE, THOMAS A
2045 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name CONROY, IRENE
Address 24615 ALLIGATOR ROAD
City-State-Zip: ASTOR FL 32102

Title DIRECTOR, ASST. SECRETARY,
ASST. TREASURER
Name DURRANCE, LEONARD CMR
Address 1249 WOODLAND TRAIL
City-State-Zip: ORMOND BEACH FL 32174

Title VD
Name DURRANCE, JOSEPH LMR.
Address 471 AIRPORT ROAD
City-State-Zip: ORMOND BEACH FL 32174

Title PD
Name DURRANCE, THOMAS AMR.
Address 2045 JOHN ANDERSON DRIVE
City-State-Zip: ORMOND BEACH FL 32176

Title D
Name DURRANCE, JO LYNN MRS.
Address 471 AIRPORT ROAD
City-State-Zip: ORMOND BEACH FL 32174

Title SECRETARY, TREASURER
Name DURRANCE, AMANDA L
Address 1247 WOODLAND TRAIL
City-State-Zip: ORMOND BEACH FL 32174

Title VP
Name BLAIR, STEVE
Address 2511 LIPIZZAN TRAIL
City-State-Zip: ORMOND BEACH FL 32174

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMANDA L DURRANCE

SEC/TREAS

02/15/2021

Electronic Signature of Signing Officer/Director Detail

Date