

2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M13000002521

Entity Name: ASSOCIATED ASPHALT LAKE CITY, LLC

Current Principal Place of Business:

2829 LAKELAND DRIVE
FLOWOOD, MS 39232

Current Mailing Address:

P.O. BOX 23028
JACKSON, MS 39225-3028 US

FEI Number: 90-0961638

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :

Title: MANAGER
Name: ASSOCIATED ASPHALT PARTNERS, LLC
Address: 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

Title: PRESIDENT
Name: NATION, PATRICK
Address: 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

Title: EXEC VP & CFO
Name: WALL, ALAN
Address: 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

Title: EXEC VP
Name: PATRICK, KRIS
Address: 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

Title: SENIOR VP
Name: BROOKS, DREW
Address: 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

Title: SR VP - OPERATIONS
Name: ADAMS, STEVE
Address: 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

Title: SR VP - SALES & MARKETING
Name: TOMKINS, LARRY
Address: 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

Title: SECRETARY
Name: STONE, KATHRYN W
Address: 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALAN WALL

EXEC VP & CFO

02/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title TREASURER
Name HODGES, KENNETH E
Address 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232