FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE FILED **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1**9**98 98 JUN - 5 PM 3: 03 (9)DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA MARTIN PAVING COMPANY Principal Place of Business Mailing Address 1801 SOUTH NOVA ROAD 1801 SOUTH NOVA ROAD SOUTH DAYTONA FL 32119-8733 SOUTH DAYTONA FL 32119-8733 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/03/1961 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0933906 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6, Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 25 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARTIN, ROBERT D. 81 Name Martin, Robert D. 1801 \$. NOVA RD. Street Address (P.O. Box Number is Not Acceptable)
SunTrust Building, Suite 105 82 SO. DAYTONA FL 32119-8733 83 501 N. Grandview Ave. City Zip Code 32118 84 85 Daytona Beach 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 plan 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 pagent the lability tip is of Section 477.0505, Florida Statutes. (NOTF: Registored Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE. Change Addition 1.111111 TITLE MARTIN, ROBERT D 1.2 NAME NAME 96 N ST ANDREWS STREET ADDRESS 1.3 STREET ADDRESS ORMOND BCH FL Criy-# - ZIP 1.4 CITY-S1-ZIP 900002552879---06/09/98--01067--006 DELETE Addition TITLE 2.1 HTt F MARTIN, RICHARD K NAME 2.2 NAME 40 WINDING CREEK WAY STREET ADDRESS 2.3 STREET ADDRESS ****150.00 ****150.00 ORMOND BCH FL CITY - ST-ZIP 2.4 CITY-ST-ZIP DETETE Change Addition TITLE 3 1 TITLE RAMEY, WILLIAM NAME 3.2 NAME **507 S. SENECA STREET** 3 3 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP 3.4 CITY-S1-ZIP X DELETE Addition Change TITLE 4.1 TITLE MARKHAM, PETER 4. 2 NAME NAME 1401 S PALMETTO AVE #300 STREET ADDRESS 4.3 STREET ADDRESS DAYTONA BEACH FL 4.4 CiTY - \$1 - ZIP CITY-ST-ZIP **14** 60 60 Addition Change TITLE 5.1 TITLE **VODENICKER, JAMES** 52 NAME NAME 6 TIMBER TRAIL **53 STREET ADDRESS** STREET ADDRESS ORMOND BEACH FL 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE THE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 supplienced annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the corporation or the receiver or trustee employered 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 any littachment with an address.

CITY-ST-ZIP

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