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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami Secretary of State

DIVISION OF CORPORATIONS

1996

NAMÉ

STREET ADDRESS

248562 DOCUMENT #

(1)

AUBREY T. MOOREFIELD PAVING CONTRACTORS, INC. Mailing Address Principal Place of Business 1550-STARKEY ROAD 1550-STARKEY ROAD LARGO FL 34641 **LARGO FL 34641** 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 06/19/1961 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-0933407 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite Apt. #, etc. Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State \Box Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Z_{iD} Zφ Yes No Florida Statutes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) MOOREFIELD, HARRY M. 82 2036 BRIGHTWATERS BLVD., NE ST PETERSBURG FL 33704 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the athove-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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. DATE SIGNATURE Suprature typest or protecting no of registers disepert and the diseps-Will Roustend April samular ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE PSD 1. 1 TULE TITLE 1.2 NAME MOOREFIELD, HARRY M NAME 2036 BRIGHTWATERS BLVD 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 14 CHTY - ST. ZIP CITY - ST - ZIP Change ☐ Addition DELETE 2 1 MILE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 City St-ZiP CHY-ST-ZIP Change Addition DELETE 3 1 DHLF TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZIP City-St-ZiP Addition Change [] DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STEEFT ADDRESS STREET ADDRESS 4.4 CiTy - ST- 265 CITY - ST - ZIE Change Addition DELETE 5 1 TillE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4.011Y S1-ZIP CITY - ST - ZIP Change Addition DELETE 6.130TE TITLE

6.2 NAME

6 3 STREET ADDRESS

64 CHY - ST - Z-P

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), 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 prector 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.

CR2E034 (12/95)