

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED

Mar 06 1996 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **281702** (1)

1. Corporation Name

GULF PAVING COMPANY

Principal Place of Business

**3480 METRO PARKWAY
FT. MYERS FL 33916
US**

Mailing Address

**GULF PAVING COMPANY
P.O. BOX 1584
FT. MYERS FL 33902-1584
US**

3. Date Incorporated or Qualified
05/22/1964

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1052626

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LAUSE, TIMOTHY
16 CARROTWOOD CT.
FT MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAUSE, TIMOTHY B.	
STREET ADDRESS	16 CARROTWOOD CT	
CITY-ST-ZIP	FT MYERS FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAUSE, JOHN T	
STREET ADDRESS	18021 TRAVERSE DRIVE	
CITY-ST-ZIP	ALVA FL	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LAUSE, HOPE	
STREET ADDRESS	12870 MAI TAI LANE	
CITY-ST-ZIP	FT MYERS, FL 00000	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	LAUSE, CAROLYN	
STREET ADDRESS	18021 TRAVERSE DRIVE	
CITY-ST-ZIP	ALVA, FL 00000	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1. TITLE	
1. NAME	
1. STREET ADDRESS	
1. CITY-ST-ZIP	(zip code) 33919

2. TITLE	
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	(zip code) 33920

3. TITLE	
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	(zip code) 33908

4. TITLE	
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	(zip code) 33920

5. TITLE	
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	

6. TITLE	
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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.

SIGNATURE:


Signature and typed or printed name of signing officer or director

2/28/96 (941) 334-3652

Date

Daytime Phone #

CP2E034 (12/95)