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Secretary of State

03-02-1999 90070 041 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 281702

1. Corporation Name
GULF PAVING COMPANY

Principal Place of Business

**3460 METRO PARKWAY
FT. MYERS FL 33916
US**

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1964

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
LAUSE, TIMOTHY B.
16 CARROTWOOD CT
FT MYERS FL**

TITLE ☐ DELETE

**VD
LAUSE, JOHN T
18021 TRAVERSE DRIVE
ALVA FL**

TITLE ☐ DELETE

**CD
LAUSE, HOPE
12870 MAI TAI LANE
FT MYERS, FL 00000**

TITLE ☐ DELETE

**ST
LAUSE, CAROLYN
18021 TRAVERSE DRIVE
ALVA, FL 00000**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Lause, Hope
8693 Patty Berg Ct.
Ft. Myers, Fl. 33919**

14. I hereby certify that the information supplied with this filing 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 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, with all other like empowered.

SIGNATURE:

Timothy B. Lause

Timothy B. Lause

1/20/99

(941) 334-3652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)