FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 332231 (0)

1. Corporation Name

D & W PAVING, INC.

Principal Place of Business

308 SUNSET AVE
HOLLY HILL FL 32117
US

Mailing Address

PO BOX 250725
HOLLY HILL FL 32125-0725
US

3. Date Incorporated or Qualified: 07/09/1968

3a. Date of Last Report: 03/21/1995

4. FEI Number: 59-1219269 ☐ 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

2. Principal Place of Business

21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address

26 ____
Suite, Apt. #, etc.
27 ____
City & State
28 ____
Zip 29 ____ Country 30 ____

9. **Name and Address of Current Registered Agent**

DURRANCE, BARBARA
308 SUNSET AVE
HOLLY HILL, FL
32117

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	ST	☐ DELETE
NAME	DURRANCE, BARBARA C.	
STREET ADDRESS	AIRPORT RD	
CITY-ST-ZIP	ORMOND BCH, FL 00000	
TITLE	P	☐ DELETE
NAME	DURRANCE, DENNIS	
STREET ADDRESS	AIRPORT RD	
CITY-ST-ZIP	ORMOND BCH, FL 00000	
TITLE	VP	☐ DELETE
NAME	DURRANCE, CLAY	
STREET ADDRESS	AIRPORT RD	
CITY-ST-ZIP	ORMOND BCH, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Director / ST	☐ Change ☒ Addition
1.2 NAME	Durrance, Barbara C.	
1.3 STREET ADDRESS	Airport Rd.	
1.4 CITY-ST-ZIP	Ormond Bch, Fl 32174	
2.1 TITLE	Director / P	☐ Change ☒ Addition
2.2 NAME	Durrance, Dennis	
2.3 STREET ADDRESS	Airport Rd.	
2.4 CITY-ST-ZIP	Ormond Bch, Fl 32174	
3.1 TITLE	VP / Director	☐ Change ☒ Addition
3.2 NAME	Durrance, Clay	
3.3 STREET ADDRESS	Airport Rd.	
3.4 CITY-ST-ZIP	Ormond Bch., Fl. 32174	
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		

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: Barbara C. Durrance — 2/7/96 — (904) 258-5440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)