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Jan 16 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 428284

(4)

1. Corporation Name

CITY WIDE ASPHALT PAVING AND COATING SERVICE, IN
C.

Principal Place of Business

7110 E 14TH AVE
TAMPA FL 33619
US

Mailing Address

PO BOX 8746
TAMPA FL 33674-8746
US

3. Date Incorporated or Qualified

06/14/1973

3a. Date of Last Report

03/04/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUPREE, JAMES W.
710 W. IDLEWILD
TAMPA FL 33604

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 of the person appointed as registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETENAME DUPREE, JAMES W.
STREET ADDRESS 710 W. IDLEWILD
CITY-ST-ZIP TAMPA FLTITLE VS ☐ DELETENAME DUPREE, SANDRA
STREET ADDRESS 710 W. IDLEWILD
CITY-ST-ZIP TAMPA FLTITLE ☐ DELETENAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETENAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETENAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETENAME
STREET ADDRESS

CITY-ST-ZIP

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

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. DUPREE 1/10/97 813-626-6474

Date

Daytime Phone #

0370421

CR2E034 (9/96)