

**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 # 473639 (3)**  
1. Corporation Name  
**OVERSTREET PAVING COMPANY**



Principal Place of Business: **1390 DONEGAN RD. LARGO FL 34641**  
Mailing Address: **1390 DONEGAN RD. LARGO FL 34641**

3. Date Incorporated or Qualified: **04/04/1975**  
3a. Date of Last Report: **04/13/1995**  
4. FEI Number: **59-1586413**  
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  
**OVERSTREET, THOMAS E.  
156 GEORGE ST  
TARPON SPG FL 34689**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code: **FL**

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	PT	<input type="checkbox"/> DELETE
NAME	OVERSTREET, THOMAS E.	
STREET ADDRESS	156 GEORGE ST	
CITY-ST-ZIP	TARPON SPG FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	OVERSTREET, DOROTHY M.	
STREET ADDRESS	156 GEORGE ST	
CITY-ST-ZIP	TARPON SPG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OVERSTREET, THOMAS E, JR	
STREET ADDRESS	3936 JENITA DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	OVERSTREET, JEAN A	
STREET ADDRESS	18930 TYLER RD	
CITY-ST-ZIP	ODESSA FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	KRAMER, MONICA J.	
STREET ADDRESS	545 GEORGE ST	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jean Overstreet* 4-23-96 813-585-4786  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Jean Overstreet, Asst. Sec. (Date & Phone #)

CR2E034 (12/95)