	E NOW: FILING FEE	Alfalfage bucco		
co	PROFIT RPORATION UAL REPORT 1996	FLORIDA DEPAR Sandra I Secreta	RTMENT OF STATI 3. Mortham ry of State CORPORATIONS	APPROVED
DOCU 1. Corporation	MENT # 47453			1996 SEP -3 PH 2: 15
	TRAL ORLANDO PAVING CO	` '		SECRETARY OF STATE TALLAHASSEE. FLORIDA
Principal Plac	Principal Place of Business Mailing Address			
2023 GREGORY ROAD ORLANDO FL 32825		2023 GREGORY ROAD ORLANDO FL 32825		000001943920 -09/11/9601002007
				3. Date incorporated of Oldineti 3a. Date of Last Report
21	tace of Business	2a. Mailing Address 26		04/23/1975 03/14/1995 4. FEI Number Applied For S9-1465275 Not Applied For
Suite, Apt. #, etc. 22 City & Stato		Suito, Apt. W, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
Zip	Country	City & State 28 Zip		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
24	9. Name and Address of Current	29	Country 30	<ol> <li>This corporation has liability for intangible tax under s 199.032,</li> <li>Florida Statutes</li> <li>Yes □ No</li> </ol>
PHILLIPS, JACK I				10. Name and Address of New Registered Agent ne of Address (P.O. Box Number is Not Acceptable)
84 City			85 Zip Code	
11. Pursuant i or register familiar wi	to the provisions of Sections \$07.0502 a ed agent, or both, in the State of Florida.	nd 607.1508, Florida Statutes, Such change was authorized	the above-named by the corporation	corporation submits this statement for the purpose of changing its registered off 's board of directors. I hereby accept the appointment as registered agent. I am
I OWN WHO I'V	Signatures, handed or printed-mention of requisitored appoint and	- 3 DV K	. Y K. 11.	S 130196
12. TITLE	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME STREET ADORESS	PHILLIPS, JACK L. 2023 GREGORY ROAD	☐ DELETE	1. 1 TITLE 1.2 NAME	Phillips , Jack L. Schange Addition
CITY-ST-ZIP TITLE	ORLANDO FL		1.3 STREET ADDRESS 1.4 City-St-Zip	GRIANDO FO 32825
NAME STREET ADDRESS		☐ DELETE	2. 1 TITLE 2.2 NAME	Phillips, Yolandar Joy Change Addition
CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 City-St-Zip	DELAUGO, PL 32825
NAME		☐ DELETE	3 1 TITLE 3.2 NAME	. Change Addition
STREET ADDRESS CITY-ST-ZIP			3.3. STREET ADDRESS 3.4 City-St-Zip	5
TITLE NAME		☐ DELETE	4. I TITLE 4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS CLT#-ST-ZIP			4.3 STREET ADDRESS	
THE NAME:		☐ DELETE	4.4 CITY-ST-ZIP 5. 1 TITLE	Change Addition
STREET ADDRESS			5.2 NAME 5.3 Street Address	
TIFLE		☐ DELETE	5.4 CITY-ST-ZIP 6. 1 TITLE	☐ Change (1) Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	N 3 1910
14. I do hereby	certify that the information supplied with	this filing is voluntarily turnishe	6.4 CHY-ST-ZIP	ality for the exemption stated in Section 119.07(3)(k), Florida Statutes, I Jurther
	the information indicated on this annual name an officer or director of the corporation and 12 or Block 13 if changed, or on a		eport is true and ac powered to execu	alify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further courate and that my signature shall have the same legal effect as if made under the this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

407-898-7004 Deviane Phone #