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FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 475631 (8)
1. Corporation Name
SUPERIOR ASPHALT COMPANY

Principal Place of Business

Mailing Address

444 ROSSITER ST
P.O. BOX 1257
MOUNT DORA FL 32757

444 ROSSITER ST
P.O. BOX 1257
MOUNT DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1975

4. FEI Number

59-1604042

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 751 Old Mt Dora Rd

26 751 Old Mt Dora Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 EUSTIS FL

28 EUSTIS FL

24 Zip

Country

29 Zip

Country

25 LK

30 LK

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAUTHEN, WILLIAM
215 N JOANNE AVE
TAVARES FL 32778

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPS
NAME SMITH, MARCUS
STREET ADDRESS 444 ROSSITER ST
CITY-ST-ZIP MT DORA FL

DELETE

TITLE VPS
NAME BUTTERFIELD, ELAINE
STREET ADDRESS 444 ROSSITER STREET
CITY-ST-ZIP MOUNT DORA, FL 00000

DELETE

TITLE TP
NAME BUTTERFIELD, CRAIG
STREET ADDRESS 444 ROSSITER ST
CITY-ST-ZIP MOUNT DORA FL

DELETE

TITLE VP
NAME LAUNE, PIEPPIN
STREET ADDRESS 444 ROSSITER STE
CITY-ST-ZIP MOUNT DORA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE

CR2E034 (10/97)