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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **477383** **(4)**

1. Corporation Name
PAQUETTE PAVING COMPANY, INC.

Principal Place of Business	Mailing Address
1335 THOMAS AVENUE LEESBURG FL 34748-3223	1335 THOMAS AVENUE LEESBURG FL 34748-3223

3. Date Incorporated or Qualified: 06/05/1975
3a. Date of Last Report: 05/23/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1606419 ☐ 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

9. Name and Address of Current Registered Agent

DUGGAN, J. ROBERT
1029 WEST MAGNOLIA STREET
LEESBURG FL 34748

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
Signature, typed or printed name of the registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	PASSERA, ROBERT R		12 NAME		
STREET ADDRESS	1335 THOMAS AVE		13 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		14 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	PAQUETTE, J.STEWART		22 NAME		
STREET ADDRESS	1335 THOMAS AVE.		23 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		24 CITY-ST-ZIP		
TITLE	TVP	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	PAQUETTE, JAY		32 NAME		
STREET ADDRESS	1335 THOMAS AVE.		33 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		34 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	PAQUETTE, MOE L		42 NAME	PAQUETTE, MO L.	
STREET ADDRESS	1335 THOMAS AVENUE		43 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		44 CITY-ST-ZIP		
TITLE	S	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	BARVINSKI, MARIAN		52 NAME		
STREET ADDRESS	1335 THOMAS AVE		53 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		54 CITY-ST-ZIP		
TITLE	ATD	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	PIPER, DAVID		62 NAME		
STREET ADDRESS	1335 THOMAS AVENUE		63 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		64 CITY-ST-ZIP		

CR2E034 (9/96)

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: Marian Barvinski 1/8/97 352-728-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #