2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # 501922** 04-28-2004 90187 035 ***150.00 1. Entity Name TRI-STATE ASPHALT CORPORATION Principal Place of Business Mailing Address 703 CARPENTER ST 713 CARPENTER ST LEESBURG, FL 34748 LEESBURG, FL 34748 US 2. Principal Place of Business 3. Mailing Address 703 CARPENTER AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 03122004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For LEESBURG FL59-1681302 Not Applicable Zip Zip Country Country \$8,75 Additional 5. Certificate of Status Desired 34748 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAQUETTE, THOMAS A Street Address (P.O. Box Number is Not Acceptable) 1008 CABALLO PLACE LEESBURG, FL 34748 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. SPD TITLE ☐ Delete Change ■ Addition TITLE PAQUETTE, THOMAS A NAME NAME 1008 CABALLO PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF LEESBURG, FL 00000. CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY_ST-ZIP ☐ Defete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CffY-ST-ZIP TITLE Change ☐ Addition D Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS Calculate a CITY-ST-ZIP CITY-ST-ZIP Add to the Control of the Control TITLE · 🔲 Delete TITLE TIBLE ☐ Change Addition NAME NAME * Changes must be typed STREET ADDRESS STREET ADDRESS 1606 6 2704 3 3154 CITY-ST-7/P CITY-ST-7IP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 on swered to except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attac et with an add 03/12/2004 (352)728-2894 SIGNATURE:

CER OR DIRECTOR

Date

Daytime Prone #

FILED

THOMAS A. PAQUETTE