

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **530879** (6)

1. Corporation Name
TARMAC FLORIDA, INC.

Principal Place of Business

Mailing Address

**455 FAIRWAY DR
DEERFIELD BCH FL 33443
US**

**1151 AZALEA GARDEN RD
NORFOLK VA 23502-5601
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/05/1977	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1729143	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, JOHN D.	1.2 NAME	
STREET ADDRESS	1151 AZALEA GARDEN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23502	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, ROY J.	2.2 NAME	
STREET ADDRESS	HILTON HALL, ESSINGTON	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOLVERHAMPTON WV11 2BQ EG	2.4 CITY-ST-ZIP	
TITLE	VDCF <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUQUA, ROBERT E.	3.2 NAME	
STREET ADDRESS	1151 AZALEA GARDEN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	3.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINK, RUSSELL A.	4.2 NAME	
STREET ADDRESS	1151 AZALEA GARDEN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HARDY	5.2 NAME	
STREET ADDRESS	1151 AZALEA GARDEN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23502	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, MICHAEL R	6.2 NAME	
STREET ADDRESS	11000 NW 121ST WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL 33178	6.4 CITY-ST-ZIP	

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:

R. A. Fink
RUSSELL A Fink

4-10-97

757 858 6523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)