

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **573131** (0)

1. Corporation Name

**STATEWIDE PAVING, INC.**



Principal Place of Business

**PHILLIPS DAIRY ROAD  
PO BOX 552  
EAST PALATKA FL 32131**

Mailing Address

**PHILLIPS DAIRY ROAD  
PO BOX 552  
EAST PALATKA FL 32131**

3. Date Incorporated or Qualified

**05/22/1978**

3a. Date of Last Report

**04/14/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, JOE C. II  
200 N THIRD STREET  
PALATKA FL 32077**

81

Name

**Raymond C. Burkes**

82

Street Address (P.O. Box Number is Not Acceptable)

**139 Phillips Dairy Road**

83

84

City

**Palatka**

FL

85

Zip Code

**32177**

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 **Raymond C. Burkes - President** **Raymond C. Burkes**

**3-13-96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **BURKES, RAYMOND**  
STREET ADDRESS **PHILLIPS DAIRY ROAD**  
CITY-ST-ZIP **PALATKA FL**

TITLE **STD** ☐ DELETE

NAME **BURKES, CAROL**  
STREET ADDRESS **PHILLIPS DAIRY ROAD**  
CITY-ST-ZIP **PALATKA FL**

TITLE **VD** ☐ DELETE

NAME **BURKES, FRANKLIN**  
STREET ADDRESS **PHILLIPS DAIRY ROAD**  
CITY-ST-ZIP **PALATKA FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: **Raymond C. Burkes** **Raymond C. Burkes - President**

**3-13-96** **914-228-1854**

DATE

DAYTIME PHONE

CR2E034 (12/95)