FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:26

DOCUMENT # **584804** **(9)**

1. Corporation Name
DOUBLE G PAVING COMPANY

Principal Place of Business
15519 N.E. 2ND AVE.
NORTH MIAMI BCH FL 33162-4236

Mailing Address
15519 N.E. 2ND AVE.
NORTH MIAMI BCH FL 33162-4236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1978
3a. Date of Last Report: 05/10/1994

2. Principal Place of Business
21 6501 NW 53rd St.
22 Suite, Apt. #, etc.
23 City & State: LAUDERHILL, FL
24 Zip: 33319-2[illegible] 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-1905353 ☐ 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 intangibles under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRIFFIN, LON
15519 N.E. 2ND AVE
LB
NORTH MIAMI BCH FL

10. Name and Address of New Registered Agent

81 Name: LON GRIFFIN
82 Street Address (P.O. Box Number is Not Acceptable): 6501 NW 53rd St.
83
84 City: LAUDERHILL 85 FL Zip Code: 33319

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 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	STD	11 TITLE	STD	☒ Change ☐ Addition
NAME	GRIFFIN, FRANCINE	12 NAME	GRIFFIN, FRANCINE	
STREET ADDRESS	15519 N.E. 2ND AVE.	13 STREET ADDRESS	6501 NW 53rd St	
CITY-ST-ZIP	NORTH MIAMI BCH FL	14 CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	GRIFFIN, LON	22 NAME	GRIFFIN, LON	
STREET ADDRESS	15519 NE 2ND AVE	23 STREET ADDRESS	6501 NW 53rd St.	
CITY-ST-ZIP	N MIAMI BCH FL	24 CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(k), 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: Francine Griffin 4/10/95 (305) 749-9383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174097 CP