

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 # F59465 (7)
1. Corporation Name
V. A. PAVING, INC.



Principal Place of Business
**% VIRGINIA O. MALLARD
2955 LAKE DRIVE
COCOA FL 32926-4334**

Mailing Address
**% VIRGINIA O. MALLARD
2955 LAKE DRIVE
COCOA FL 32926-4334**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1981		3a. Date of Last Report 01/17/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2147362		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	Zip	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			
MALLARD, VIRGINIA O. 2955 LAKE DR COCOA FL 32922				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 607.0535, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and Florida Statutes 607.1508. Registered Agent signature required when filing statement.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, TERRI	1.2 NAME	
STREET ADDRESS	4108 FISHERMANS PLACE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	COCOA FL	1.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLARD, ARNOLD A JR	2.2 NAME	
STREET ADDRESS	2125 DALE LANE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	COCOA, FL 00000	2.4 CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLARD, ARNOLD A. S	3.2 NAME	
STREET ADDRESS	2955 LAKE DR.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	COCOA, FL 00000	3.4 CITY-STATE-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLARD, VIRGINIA	4.2 NAME	
STREET ADDRESS	2955 LAKE DR	4.3 STREET ADDRESS	
CITY-STATE-ZIP	COCOA, FL 00000	4.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOREY, DEBRA	5.2 NAME	
STREET ADDRESS	2055 DEVONSHIRE AVE.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	COCOA FL	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: *Virginia O. Mallard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Virginia O. Mallard President

February 23, 1996

407-636-2565

CR2E034 (12/95)