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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified
12/23/1981

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2147362

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**MALLARD, VIRGINIA O.
2955 LAKE DR
COCOA FL 32922**

10. Name and Address of New Registered Agent

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VS	<input type="checkbox"/> DELETE
NAME	HART, TERRI	
STREET ADDRESS	4108 FISHERMANS PLACE	
CITY - ST - ZIP	COCOA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MALLARD, ARNOLD A JR	
STREET ADDRESS	2125 DALE LANE	
CITY - ST - ZIP	COCOA, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MALLARD, ARNOLD A. S	
STREET ADDRESS	2955 LAKE DR.	
CITY - ST - ZIP	COCOA, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MALLARD, VIRGINIA	
STREET ADDRESS	2955 LAKE DR	
CITY - ST - ZIP	COCOA, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SOREY, DEBRA	
STREET ADDRESS	2055 DEVONSHIRE AVE.	
CITY - ST - ZIP	COCOA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Virginia O. Mallard

1/10/97

407-636-2896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virginia O. Mallard, President

Date

Daytime Phone #

0102430

CR2E034 (9/96)