


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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1981	
21		26		4. FEI Number 59-2147362	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		29	
24		25		30	
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 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 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-ST-ZIP COCOA FL			1.4 CITY-ST-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-ST-ZIP COCOA, FL 00000			2.4 CITY-ST-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-ST-ZIP COCOA, FL 00000			3.4 CITY-ST-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-ST-ZIP COCOA, FL 00000			4.4 CITY-ST-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-ST-ZIP COCOA FL			5.4 CITY-ST-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-ST-ZIP			6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

14. I 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*

1/28/98

407-636-2896

CR2E034 (10/97)