COR ANNU	PROFIT PORATION IAL REPORT 1996	Sal Se DIVISION	DEPARTMENT OF STATE, index B. Mortham secretary of State N. OF CORPORATIONS		
1. Corporation	MENT # F603(Name GLEN PAVING,INC.	61 (5	5)	2 Jean ao ann ann ann ann an ann an ann a	
Principal Place 5100 29TH. VERO BEAC		Mailing Address 5100 29TH, GOL VERO BEACH, FI	JRT L 32967		
				3. Date Incorporated or Qualified 01/01/1982	3a. Date of Last Report 10/09/1995
2. Principal Pla		2a. Mailing Address 26	c 6357	4. FEI Number 59-2159448	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc).	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		28 VELO E	SCH FI	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	29 3296	Country 30 USA	8. This corporation has liability for Florida Statutes	
9. Name and Address of Current Registered Agent TRODGLEN, RALPH A 5100 29 CT			81 Name 82 Street Ac	10. Name and Address of New F	
VERO I	BEACH FL 32960		83 84 City		FI 85 Zip Code
familiar with	and accept the obligations of, Sect	ar soon change was adm tion 607.0505, Florida Stat	ionzed by the corporation's bo utes	oration submits this statement for the pul pard of directors. Thereby accept the app	
12.		D DiRECTORS	the HE. Ricgisterent Agent Squature requ. 13.	Ment wifer registering ADDITIONS/CHANGES TO OFF	IGERS AND DIRECTORS IN 12
THEE NAME STREET ADDRESS CITY-ST-ZIP	PTD TRODGLEN, RALPH A 5100 29TH COURT VERO BEACH FL	DELETE	1 1 THE 1 12 NAME 1 3 STREET ADDRESS 1 4 CHY-ST-ZIP		ICERS AND DIRECTORS IN 12 Charge Addition
TITLE NAME Street address	SD PATTERSON, SUSAN L. 5100 29TH COURT VERO BEACH FL	DELETE	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	VERO BEAOTITE	☐ OELETE	2.4 C11 - S1 - Z49 3.1 T-FLE 3.2 NAME 3.3 STREELADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP ITLE HAME STREET ADDRESS		DELETE	3 4 CITY - ST - ZIP 4 1 TIFLE 4 2 NAME 4 3 STREET ADDRESS		Changé Addition
OTY - ST - ZIP OTLE LAME STREET ADDRESS		DELETÉ	4 4 City - S1 - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		☐ Change ☐ Addition
NTLE NAME STREET ADDRESS		D OEFELE	5.4 CHY-ST-7IP 6.1 THUE 6.2 NAME 6.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby	certify that the information supplied the information indicated on this age.	with this filing is voluntarily ral record or supplemental	6 1 THE 62 NAME 63 STREET ADDRESS 64 CHY ST-ZIP furnished and does not qualify	for the exemption stated in Section 119, rate and that my signature shall have the his report as required by Chapter 607, Fic	07(3)(k), Florida Statutes I further