1-16-47 B-0259 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F68754

(3)

PAVEMENT PLANNING AND MAINTENANCE SYSTEMS, INC.

Principal Place of Business Mailing Address 3524 CRESTWOOD ST. LAKELAND, FL 33813 3524 CRESTWOOD ST. LAKELAND, FL 33813 P O BOX 667 P O BOX 667 HIGHLAND CITY FL 33846-0667 HIGHLAND CITY FL 33846 3a. Date of Last Report 3. Date Incorporated or Qualified 02/19/1982 03/19/1996 Applied For 2. Principal Place of Business 2a, Mailing Andress 4. FEI Number 59-2162048 26 Not Applicable Suite Apt. #, etc Suita, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country This corporation has liability for intangible tax under s 199.032, Yes 🔀 No Florida Statutes 24 25 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HENDERSON, HORACE E 3524 CRESTWOOD ST 82 Street Address (P.O. Box Number is Not Acceptable LAKELAND, 33813 63 Zip Code 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 Tonda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligitations of, Section 607,0505, Florida Statutes. E. HENDERSON (PRES HORACE 3AM, 10,1997 SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE HENDERSON, HORACE E NAME 1.2 NAME 3524 CRESTWOOD STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL CITY-ST 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS Crty - S1 - ZIP 2 4 CITY - ST - ZIP DELETE Change Addition THUS 31 TITLE NAM: 32 NAME STREEL ADDRESS **33 STREET ADDRESS** CITY-ST-7IP 34. CITY-ST-ZIP DELETE Change 4.1 TITLE ☐ Addition THIE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - \$1 - 719 DELETE Change Addition THILE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-2IF DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6 3 STREET ADDRESS

64 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

(96/6)

FILED

Jan 16 1997 8:00am

Secretary of State