FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

F77133

(a)

1. Corporation	MENT # F7713 SPHALT COATING SERVICE	` '			
Principal Place of Business Mailing Addres		Mailing Address			40 JUN 97014 81811 01011 111011 01011 31011 1001
2703-23RD AVE N ST PETERSBURG FL 33713		2703-23RD AVE N ST PETERSBURG FL 33713			
				 Date Incorporated or Qualified 04/21/1982 	3a. Date of Last Report 04/26/1995
 Principal Pla 	ice of Business	2a. Mailing Address 26		4. FEI Number 59-2194587	Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
<i>Ζ</i> φ	Country	Zιρ	Country	8. This corporation has liability for	
24	25 g. Name and Address of Curre	29 ent Registered Agent	30]	Ftorida Statutes Yes 10. Name and Address of New F	
			81 Name	10, 110-110-110-110-110-110-110-110-110-110	10312170713011
FLANNERY, JOSEPH T.			82 Street Add	iress (P.O. Box Number is Not Acceptat	ble)
1988 ILLINOIS AVE NE					
ST PETE	RSBURG FL 33703		83		
			84 City		85 Zip Code
or registere familiar with SIGNATURE.	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Statistics typed of profited name of registered agen	rida, Such change was authorization 607,0505, Florida Statutes nt and lifte if applicable (No.	zed by the corporation's boals. OTE: Registered Agent signature require		pointment as régistered agent. I am
12.	OFFICERS AN	ND DIRECTORS	13. 1. 1 TITLE	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12 Change
NAME	FLANNERY, JOSEPH T.		1.2 NAME		Change T Modition
STREET ADDRESS	1988 ILLINOIS AVE N/E		1.3 STREET ADDRESS		
C 1Y-SI-ZIP ST PETERSBURG, FL 00000			1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
TITLE		☐ DELETE	2.4 C(TY - ST - Z(P) 3. 1 T(T) E		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S3-7IP			3 4 City-St-ZiP		
1ırl e		DELETE	4. 1 TITLE		Change Addition
N4ME			4 2 NAMÉ		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TIFLE		. Change Addition
NAME		- Deterie	5.2 NAME		Onlinge Account
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ACCRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CHY-ST-ZIP		
certify that oath; that I	the information indicated on this ann	nual report or supplemental and poration or the receiver or truste	nual report is true and accura se empowered to execute th	for the exemption stated in Section 119 ate and that my signature shall have the iis report as required by Chapter 607, F	e same legal effect as if made under