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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # F77133

ACS ASPHALT COATING SERVICE, INC.

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Principal Place	of Rusiness	Mailing Address				II 91911 91911 B1811 51811	#LUIT   LEGI   LEGI ,	
2703-23RD AVE ST PETERSBURG	N	2703-23RD AVE N ST PETERSBURG FL 33713			DO NOT WRITE I	N THIS SPACE		
					3. Date Incorporated or Qualifed 04/21/1982			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	4
21		26			59-2194587		ot Applicable	3
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired	
City & State		City & State		6. Election Campaign Financing		May Be	ı	
23	<u></u>	28			Trust Fund Contribution	Added	to Fees	
Zip	Country 25	Zip <b>29</b>	Count	ry 	This corporation owes the current Personal Property Tax.	· Yes	XNo	
	9. Name and Address of Current	Registered Agent		41 31	10. Name and Address of New Reg	stered Agent		ĺ
	INFOV JOSEPH T		8	1 Name	·			l
	INERY, JOSEPH T. 23RD AVE N.		8	2 Street	t Address (P.O. Box Number is Not Acceptable	)	* •	l
	ETERSBURG FL 33713		8	3			130分别244	l
SIF	ETEROBORIA TE 337 13		"					1
			8	4 City	The grant of the section of the sect	FL 85 Zip	Code '	
The self-in our in	to the provisions of Sections 607.050/ egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida, Such change was lions of, Section 607.0505, FI	orida Statute	es.	d corporation submits this statement for the pur poration's board of directors. I hereby accept the required when reinstating?	DATE		6
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			5
TITLE	Р	☐ DELETE	1,1 TITLE			Change	Addition	3
NAME	FLANNERY, JOSEPH T.		1.2 NAM	E				5
STREET ADORESS	2703 23RD AVE N.		1.3 STRE	ET ADDRESS	s	,	,	17.0
CITY-ST-ZIP	ST PETERSBURG, FL 00000		1.4 CITY			Change	Addition	1 5
TITLE		☐ DELETE	2.1 TITL					
NAME			2.2 NAM					
STREET ADDRESS				EET ADDRESS	•		,	
1 CITY-ST-ZIP		☐ DELETE	2. 4 CITS	/-ST-ZIP 		Change	Addition	i
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NAME STREET ADDRESS				- EET ADDRESS	S	in and the second of	(스) 호텔 (홍)	
CITY-ST-ZIP	i i ,			r-ST-ZIP				
TITLE		☐ DELETE	4.1 TITL		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Change	Addition	}
NAME			4. 2 NAM	1E				Ì
STREET ADDRESS			4.3 STR	EET ADDRES	s			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP				1
TITLE		☐ DELETE	5.1 TITL			☐ Change	a - ☐ Addition	
NAME			5.2 NAM		The Park			1
STREET ADDRESS	1			EET ADDRES	\$ 3.7 4.45.4			,
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	1 175		FTI A Haliston	┤ `

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 prairies.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90039 037 \*\*\*150.00

☐ Change

Addition