

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000000659 (3)

1. Corporation Name
TARMAC MID-ATLANTIC, INC.



Principal Place of Business: **1151 AZALEA GARDEN ROAD NORFOLK VA 23502**
Mailing Address: **1151 AZALEA GARDEN ROAD NORFOLK VA 23502**

3. Date Incorporated or Qualified 01/25/1993	3a. Date of Last Report 08/14/1995
4. FEI Number 54-1392792	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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. Thereby 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 (if applicable) _____
Signature typed or printed name of new registered agent _____
(DATE)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	LOVERING, JOHN D.	
STREET ADDRESS	HILTON HALL, ESSINGTON	
CITY-ST-ZIP	WOLERHAMPTON WV	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, GERALD H	
STREET ADDRESS	1151 AZALEA GARDEN ROAD	
CITY-ST-ZIP	NORFOLK VA	
TITLE	DVPS	<input checked="" type="checkbox"/> DELETE
NAME	PRUD'HOMME, LAURENCE A	
STREET ADDRESS	1151 AZALEA GARDEN ROAD	
CITY-ST-ZIP	NORFOLK VA	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	FINK, RUSSELL A	
STREET ADDRESS	1151 AZALEA GARDEN ROAD	
CITY-ST-ZIP	NORFOLK VA	
TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	HOPKINS, L. ANTHONY E	
STREET ADDRESS	1151 AZALEA GARDEN RD.	
CITY-ST-ZIP	NORFOLK VA 23502	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CARR, JOHN D	
STREET ADDRESS	1151 AZALEA GARDEN RD.	
CITY-ST-ZIP	NORFOLK VA 23502	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Roy J. Harrison	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Robert E. Fuqua	
23 STREET ADDRESS	1151 Azalea Garden Road	
24 CITY-ST-ZIP	Norfolk VA 23502	
31 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	B. Edward Pittman	
33 STREET ADDRESS	1151 Azalea Garden Road	
34 CITY-ST-ZIP	Norfolk VA 23502	
41 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Christine E. Cole	
43 STREET ADDRESS	1151 Azalea Garden Road	
44 CITY-ST-ZIP	Norfolk VA 23502	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Russell A. Fink 4/30/96 804-858-6523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)