2004 FOR PROFIT CORPORATION

FILED Feb 19. 2004 08:00 AM

ANNUAL REPORT				Secretary of State	
DOCUMENT # F93000002256					Secretary of State
1. Entity Name GARDNER ASPHALT CORPORATION					
CARDIL	ICAGI HALI OOKI OIGAHOI	•			
Principal Place	e of Business	Mailing Address		·	
4161 EAST S	EVENTH AVENUE	P.O. BOX 5449			
TAMPA, FL 33605 TAMPA, FL 336		TAMPA, FL 33675		1	
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İ				01202004	No Chg-P CR2E034 (10/03)
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	
ļ				59-297	
		Control of givening a	A	5. Certificate	of Status Desired
6. Name and Address of Current Registered Agent					
HYER, RAYMOND T JR.				DO	NOT WRITE
4161 EAST SEVENTH AVENÜE TAMPA, FL 33605					
}				11/4	THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees	U00000056246 02/19/04-80012-009 150.00
10.	OFFICERS AND D	RECTORS [
TITLE	P HYER, RAYMOND T JR.				
STREET ADDRESS	4161 E. 7TH AVE.				
CITY-ST-ZIP	TAMPA, FL	<u></u>			
NAME	POOLE, SEAN				
STREET ADDRESS CITY-ST-ZIP	4161 E. 7TH AVE. TAMPA, FL				
TITLE	CD				
NAME	HYER, RAYMOND T JR.		İ		
STREET ADDRESS CITY-ST-ZIP	999 HILLSBORO MILE HILLSBORO BEACH, FL 33062			DO	NOT WRITE
TITLE D			┨		THIS SPACE
NAME HICKEY, ROBERT P STREET ADDRESS 4161 E. 7TH AVE				11.4	THIS STACE
CITY-ST-ZIP	TAMPA, FL 33605				ere entre entere entre
TITLE					
NAME STREET ADDRESS					
CITY-ST-ZIP			<u> </u>		<u></u>
TITLE					
NAME STREET ADDRESS					
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with air ther like empowered.

SIGNATURE:

SIGNATURE AND TYPE