

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 # **G26396** (3)

1. Corporation Name

TRAC ROADBUILDERS, INC.

Principal Place of Business

**1229 LUCAS STREET
P. O. BOX 491347
LEESBURG FL 34749-8349**

Mailing Address

**1229 LUCAS STREET
P. O. BOX 491347
LEESBURG FL 34749-1347
US**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/01/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2276134

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1302 S. 8TH STREET

83

84 City

LEESBURG

FL

85 Zip Code

34748

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. I hereby 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **GRAY, MICHAEL**
STREET ADDRESS **1229 LUCAS STREET**
CITY-ST-ZIP **LEESBURG FL**

TITLE **VSD** ☐ DELETE

NAME **GRAY, LINDA A**
STREET ADDRESS **1229 LUCAS STREET**
CITY-ST-ZIP **LEESBURG FL**

TITLE **D** ☐ DELETE

NAME **OLIVER, DONALD B**
STREET ADDRESS **201 BRYAN STREET**
CITY-ST-ZIP **EUTIS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition

1.2 NAME **GRAY, MICHAEL**
1.3 STREET ADDRESS **1302 S. 8TH STREET**
1.4 CITY-ST-ZIP **LEESBURG, FL 34748**

2.1 TITLE **S/T/D** ☒ Change ☐ Addition

2.2 NAME **GRAY LINDA A.**
2.3 STREET ADDRESS **1302 S. 8TH STREET**
2.4 CITY-ST-ZIP **LEESBURG, FL 34748**

3.1 TITLE **V/D** ☒ Change ☐ Addition

3.2 NAME **OLIVER, DONALD B.**
3.3 STREET ADDRESS **201 BRYAN STREET**
3.4 CITY-ST-ZIP **EUSTIS, FL 32726**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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: *Michael Gray*

Michael Gray

4/23/96

352-787-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)