	PROFIT PPORATION UAL REPORT 1998	Sandra B Secreta	ITMENT OF STATE Mortham ry of State CORPORATIONS	Apr 03 199 Secretary	
	MENT # G42532 " PAVING COMPANY, INC.	2 (3)		I TORINI DON DIANE NORT DINOR INTE TO I	IRTI DIGLI DIRTI CLALI GIGLI GTALI IGCIA
Principal Plac % RON WHIT 6619 WALLIS		Mailing Address % RON WHITE 3761 DELLWOOD ROAD			
WEST PALM	BEACH FL 33413-8637	LOXAHATCHEE FL 33470 US		DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE
2 Principal F	Place of Business	2a, Mailing Address		06/07/1983	Applied Fo
21		26		59-2308766	Not Applica
Suite, Apt.	#, etc.	Suite. Apt. #, etc.			See Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23] Zip	Country	28 Zip	Country	Trust Fund Contribution S. This corporation owes or has paid	Added to Fees
24	25 9. Name and Address of Current	29	30	Personal Property Tax due June 30 10. Name and Address of New Regis). Yes No
11. Pursuant office or r	to the provisions of Soctions 607.0502 registered agent, or both, in the State c im familiar with, and accept the oblight	and 607.1508, Florida Statute I Florida Such change was a	84 City	poration submits this statement for the pur	FL 85 Zip Code
agent. I a			Scholized by the oblight	ation's board of directors. I hereby accept to	the appointment as registere
SIGNATURE	Signature werd or printed name of ruppideed agest		Registered Agent signature requ		DATE
12.	Storative typed or printed name of rup-dered name OF FICE RS AND	and title if applicable (NOTE DIRECTORS	Registered Agent signature requ		DATE TS AND DIRECTORS IN 12
12. Title NAME STREET ADDRESS	Storative typed or printed name of reproduced appro- OFFICERS AND P WHITE, DON R. 16077 120TH AVENUE NORTH	and bite it applicable (NOTE DIRECTORS	Registered Agent signature requ 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE
12. Title Name	Storative typed or printed name of reproduced aper OFFICE RS AND WHITE, DON R. 16077 120TH AVENUE NORTH JUPITER FL V	and bite it applicable (NOTE DIRECTORS	Registered Agent signature requ 13. 1 1 TITLE 1.2 NAME	uired when reinstating)	DATE TS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stgrature typed or printed name of repedered ages OF FICE RS AND WHITE, DON R. 16077 120TH AVENUE NORTH JUPITER FL V WHITE, RON C. 3761 DELLWOOD ROAD		Registered Agent signature required 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating)	DATE TS AND DIRECTORS IN 12
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature Intend or printed name of regedents agery OFFICE RS AND WHITE, DON R. 16077 120TH AVENUE NORTH JUPITER FL V WHITE, RON C. 3761 DELLWOOD ROAD LOXAHATCHEE FL T SOUTH, RICHARD 9686 DAISY AVE. PALM BCH. GARDENS FL	and ble et applemble (NOTE DIRE CTORS	Ageni signature requirance 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	uired when reinstating)	DATE AS AND DIRECTORS IN 12 Change Add Change Add ' Change Add
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