FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Aug 06, 2003 8:00 am Secretary of State

DOCUMENT # G53506 1. Entity Name					08-06-2003 90056 010 ***550.00			
G	Granger Asphalt Pa	aving, Inc.						
0	DO NOT WRITE	IN THIS SF	PAC	E	and the second s		1	
	Place of Business	3. Mailing Address	·	<u></u>				
15412 Granger Plantation Rd. Sam Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State Southport, FL				4. FEI Number 59 – 24221	65	Applied For Not Applicable		
Zip 324	Country	Zip .	Count	USA	5. Certificate of Status	Desired	8.75 Additional ee Required	
				Name _	7. Name and Address o	Current Registered	Agent	
DO NOT WRITE				Ger	rald Granger			
				Street Address ((P.O. Box Number is Not Acceptable)			
IN THIS SPACE				15412 G	ranger Plan	tation Ro	l	
To Tool				.City Sout	hport	FL	Zio 3 2 4 0 9	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or register	red agent, or both, in the S	itate of Florida. I am fai	miliar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	od tila il applianta (NOTS	Parieteres	I Agent signature required	Lubon raintelina	DATE		
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	7	rogatoro	Agent organization required	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be Added to Fees	
Make Check	k Payable to Florida Department of OFFICERS AND I		1	*****	,			
TITLE	PST		TITLE			-	(02)	
NAME STREET ADDRESS	Thomas G. Grange:			T ADDRESS				
CITY-ST-ZIP	15412 Granger Plantation Rd. Southport, Fl 32409		•	ST-ZIP	CR2E034B (12/02)			
TITLE			TITLE	i		, -	RZE	
NAME STREET ADDRESS	DORESS		NAME	T ADDRESS			O	
CITY-ST-ZIP	T-ZIP		. CITA-	ST-ZIP	*	£ .		
TITLE _NAME			TITLE NAME	1.	•			
STREET ADDRESS	مصور ويجوده وما الماسيطان والماسود	ing the state of t	and the second	TADDRESS	TO N	OT WRIT		
CITY-ST-ZIP				ST-ZIP				
NAME	-		TITLE	1.	IN TH	IIS SPAC	E	
STREET ADDRESS				T ADDRESS				
0.74 07 70			4			•	\ ·	
CITY-ST-ZIP	-		CITY-	ST-ZIP		÷		
CITY-ST-ZIP TITLE NAME	-		CITY- TITLE NAME	ST-ZIP		• •	-	
TITLE	- -		CITY- TITLE NAME STREE	ST-ZIP		*		
TITLE NAME STREET ADDRESS			CITY- TITLE NAME STREE	ST-ZIP ST-ZIP ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	-		CITY- TITLE NAME STREE CITY- TITLE NAME	ST-ZIP ST-ZIP ST-ZIP		ę ę		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ST-ZIP				

morcated 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 on an attachment with an address, with all other like empowered.