

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G75176** (9)

1. Corporation Name
PRECISION PAVING OF TAMPA, INC.



Principal Place of Business 6917 MAISON DR. BLDG. G TAMPA FL 33637 US	Mailing Address 6917 MAISON DR. BLDG. G TAMPA FL 33637 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/20/1983	
21		26		4. FEI Number 59-2359657	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BROOKS, FLOYD W. 7210 NIA LANE TAMPA FL 33625		10. Name and Address of New Registered Agent 11 Name 12 Street Address (P.O. Box Number is Not Acceptable) 13 City 14 State 15 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, as officer or registered agent, or both, in the State of Florida, do hereby certify that the information furnished in this 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 _____ (NOTE: Registered agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1	
NAME	AZZARELLI, JIM	1.2	
STREET ADDRESS	15908 TREVOSE LN.	1.3	
CITY - ST - ZIP	ODESSA FL	1.4	
TITLE	STD	2.1	
NAME	AZZARELLI, MARY ELLEN	2.2	
STREET ADDRESS	15908 TREVOSE LANE	2.3	
CITY - ST - ZIP	ODESSA FL	2.4	
TITLE	VP	3.1	
NAME	BROOKS, FLOYD W.	3.2	
STREET ADDRESS	7210 NIA LANE	3.3	
CITY - ST - ZIP	TAMPA FL	3.4	
TITLE		4.1	
NAME		4.2	
STREET ADDRESS		4.3	
CITY - ST - ZIP		4.4	
TITLE		5.1	
NAME		5.2	
STREET ADDRESS		5.3	
CITY - ST - ZIP		5.4	
TITLE		6.1	
NAME		6.2	
STREET ADDRESS		6.3	
CITY - ST - ZIP		6.4	

14. 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____

CR2E034 (10/97)