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Mar 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G95772

(1)

1. Corporation Name  
DUVAL ASPHALT PRODUCTS, INC.



Principal Place of Business  
7544 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32256

Mailing Address  
7544 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32256-6810

2. Principal Name of Beneficiary

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
04/09/1984

3a. Date of Last Report  
05/14/1996

4. FEI Number

59-2397581

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 hereby withdrawing and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person making the change, or the registered agent, if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12.

OFFICERS AND DIRECTORS

TITLE  
NAME  
MAIL ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
MAIL ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
MAIL ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
MAIL ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
MAIL ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
MAIL ADDRESS  
CITY - ST - ZIP

P  
JURGENSEN, PAUL M  
7544 PHILLIPS HWY  
JACKSONVILLE FL  
ST  
INGLE, M ROGER  
7544 PHILLIPS HWY  
JACKSONVILLE FL  
VM  
BURNS, MIACHEL A  
7544 PHILLIPS HWY  
JACKSONVILLE FL

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

14. I do 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 included in 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 Part 4, 12 or Book 13 if changed, or as an attachment with an address.

SIGNATURE: *M. Roger Ingle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-97  
Date

9042962020  
Telephone #

CR2E034 (9/96)