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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:16

DOCUMENT # **H07676** **(0)**

1. Corporation Name
TRIPLE NICKLE ASPHALT PAVING, INC.

Principal Place of Business	Mailing Address
C/O DANIEL W. MAGLIO 6009 N.W. 1ST STREET MARGATE FL 33063	C/O DANIEL W. MAGLIO 6009 N.W. 1ST STREET MARGATE FL 33063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/06/1984**
3a. Date of Last Report: **02/07/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2421912** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) (29) County (25) (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAGLIO, DANIEL W.
6009 N.W. 1ST STREET
MARGATE FL 33063

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 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 mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	V ☒ Change ☐ Addition
NAME	DEBELLIS, A. SALVATORE	12 NAME	THAYER, JAMES E.
STREET ADDRESS	6106 N.W. 20TH STREET	13 STREET ADDRESS	661 S.E. 14th CT #2
CITY-ST-ZIP	MARGATE FL	14 CITY-ST-ZIP	Ft. Lauderdale, FL 3316
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	MAGLIO, DANIEL W.	22 NAME	
STREET ADDRESS	6009 N.W. 1ST ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	24 CITY-ST-ZIP	
TITLE	DSQT	31 TITLE	☐ Change ☐ Addition
NAME	MAGLIO, RENEE G.	32 NAME	
STREET ADDRESS	6009 NW 1ST STREET	33 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	M ☐ Change ☒ Addition
NAME		42 NAME	WILLIAMS, ANDREW
STREET ADDRESS		43 STREET ADDRESS	2216 N.W. 9th St. #114
CITY-ST-ZIP		44 CITY-ST-ZIP	Ft. Lauderdale, FL 33321
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Renee G. Maglio 4-10-95 305-971-0985
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0106373 CP