

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90034 014 ***150.00

DOCUMENT # H87386

1. Entity Name

SOUTHEAST CONCRETE & ASPHALT CORPORATION



Principal Place of Business
1627 HIGHLAND DRIVE
TALLAHASSEE FL 32311

Mailing Address
P.O. BOX 14307
TALLAHASSEE FL 32317



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2616060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip *Code Change*
above to 32317

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALE, JOHN ALLEN
1627 HIGHLAND DRIVE
TALLAHASSEE FL 32317

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DTP ☐ Delete
NAME DALE, JOHN ALLEN
STREET ADDRESS 1627 HIGHLAND DRIVE
CITY - ST - ZIP TALLAHASSEE FL 32317

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE S ☐ Delete
NAME CARRITT, PATRICIA A
STREET ADDRESS 5670 EMMA LANE
CITY - ST - ZIP TALLAHASSEE FL 32317

TITLE ☐ Change ☐ Addition
NAME *S Patricia A. Carritt Stokes*
STREET ADDRESS *2997 Adiron Way*
CITY - ST - ZIP *Tallahassee FL 32317*

TITLE VTD ☐ Delete
NAME DALE, PAMELA A
STREET ADDRESS 1627 HIGHLAND DRIVE
CITY - ST - ZIP TALLAHASSEE FL 32317

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Allen Dale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-07

850-514-3175

Date

Daytime Phone #