

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H93205 (3)

1. Corporation Name

NIPPER PAVING COMPANY INC.

Principal Place of Business

3810 AUTUMN PALM DR.  
ZEPHYRHILLS FL 33541-4106

Mailing Address

3810 AUTUMN PALM DR.  
ZEPHYRHILLS FL 33541-4106



3. Date Incorporated or Qualified  
12/27/1985

3a. Date of Last Report  
04/21/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2622816

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

NIPPER, J. E.  
3810 AUTUMN PALM DR.  
ZEPHYRHILLS FL 34248

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 reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME NIPPER, J. D.  
STREET ADDRESS 3810 AUTUMN PALM DR.  
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE VD  
NAME NIPPER, AMARYLLIS  
STREET ADDRESS 3810 AUTUMN PALM DR.  
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE SD  
NAME NIPPER, ANGELA DENISE  
STREET ADDRESS 3810 AUTUMN PALM DR.  
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE TD  
NAME NIPPER, AMARYLLIS  
STREET ADDRESS 3810 AUTUMN PALM DR.  
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE D  
NAME PADGETT, DONNA RENEE  
STREET ADDRESS 3810 AUTUMN PALM DR.  
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE D  
NAME OLSON, ALICE GAIL  
STREET ADDRESS 2514 W. KIRBY ST.  
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Angela Denise Nipper Secretary  
Angela Denise Nipper

7-8-96

813 782-7036

CR2E034 (3/96)